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Illustrations of the salts of the urine.



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ILLUSTRATIONS
OF THE
SALTS OF THE URINE,
URINARY DEPOSITS AND CALCULI,
INCLUDING
THE STRUCTURE OF THE KIDNEY IN HEALTH AND
DISEASE; MICROSCOPICAL AND CHEMICAL
APPARATUS, ENTOZOA, &c.

SEVENTY PLATES,
CONTAINING UPWARDS OF 400 SEPARATE FIGURES, CAREFULLY COPIED FROM
THE OBJECTS THEMSELVES.



BY

LIONEL S. BEALE, M.B., F.R.S.,

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PHYSIOLOGY AND OF GENERAL AND MORBID ANATOMY IN, AND HONORARY
FELLOW OF, KING'S COLLEGE, LONDON.

SECOND EDITION,
WITH TWICE THE NUMBER OF PLATES.

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TABLE 1

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PREFACE.

THE number of Plates has been increased from thirty-five to seventy, and there are two hundred and forty-five more figures than in the first edition. Many of the old drawings have been re-engraved, and nearly one hundred new ones have been introduced.

It is hoped that by the aid of the Work in its present form, the Practitioner will be enabled to ascertain the nature of any urinary deposit which may fall under his notice, without difficulty or loss of time.

L. S. B.

61, GROSVENOR STREET,

October, 1868.



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- late XXXI. Fig. 169. Dumb-bell and octahedral crystals of oxalate of lime. One very large octahedron is shown at the right hand side of the figure. Fig. 170. Octahedral crystals of oxalate of lime. Fig. 171. Curious prismatic crystal of oxalate of lime. Fig. 172. *a*, *b*, *c*, *d*, *e*, to illustrate the appearance of the same octahedron of oxalate of lime viewed in different positions; *f*, *g*, *h*, the same crystal shown sideways; *i*, the appearance of an octahedron when mounted as a dry object; *k*, unusual form of compound crystal of oxalate of lime. Fig. 173. Dumb-bell crystals and allied forms of oxalate of lime. Circular and oval. Fig. 174. Dumb-bell crystals and allied forms of oxalate of lime. Crystals approximating to the perfect dumb-bell. Fig. 175. Perfect dumb-bell crystals of oxalate of lime which have been subjected to the prolonged action of weak acetic acid, p. 384.
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- late XXXIII. Fig. 181. Modified form of triple phosphate or phosphate of lime and triple phosphate. Fig. 181*. Octahedra and dumb-bells of oxalate of lime and curious forms of fungi found in the urine of a young man passing much oxalate of lime. Fig. 182. Collections of dumb-bells firmly adherent to each other. Fig. 183. Minute crystals of oxalate of lime with sporules of fungi resembling blood corpuscles. Fig. 184. Dumb-bells subjected to the prolonged action of acetic acid showing the crystalline material nearly dissolved away. Fig. 185. Perfect dumb-bell crystals from the urine of a child suffering from jaundice. Fig. 186. Dumb-bell crystals of oxalate of lime aggregated together, forming a minute calculus. Fig. 187. Spherical, oval, and dumb-bell crystals, p. 384.
- late XXXIV. Fig. 188. Crystals of cystine from the urine of an insane patient. Fig. 189. Crystals of cystine. Fig. 190. Clusters of crystals of cystine formed by evaporating a solution of the crystals represented in fig. 188 in ammonia. Fig. 191. Very small six-sided crystals of cystine formed by gently evaporating a solution of the crystals represented in fig. 188 in ammonia. Fig. 192.

Irregularly formed crystals of cystine. Fig. 193. Crystals of carbonate of lime seen by reflected light. Fig. 194. Blood corpuscles : *a, b, c*, taken from the living body ; *d, e, f*, from the urine ; *d*, corpuscles smaller than natural ; at *e* their circumference is serrated and ragged, and also at *f*. Fig. 195. Large cells filled with granular matter in the urine of a case of chronic bronchitis. Fig. 196. Crystals of carbonate of lime in Canada balsam, appearance with transmitted light. Fig. 197. Tubercle corpuscles from a tubercle in the lung. Fig. 198. Cells found in the urine of a case of renal dropsy. Fig. 199. Cells found in the urine of a child, age 14, suffering from hæmorrhage. Fatty degeneration, 7 months. Fig. 200. Altered blood, menstrual fluid, p. 383.

Plate XXXV. Fig. 201. Rhomboidal and feathery crystals of hæmatoidin, from a softened clot. Human. Fig. 202. Feathery crystals of hæmatoidin found in the urine a fortnight after slight rupture (?) of one kidney. Human subject. Fig. 203. Cancer cells from the urine in a very bad case of cancer of the uterus. Fig. 204. Cancer cells from a case of cancer of the bladder. Found in the urine. Fig. 205. Cells from the urine of a case of acute rheumatism : *a*, in the natural state ; *b*, treated with acetic acid ; *c*, resembling pus ; *d*, the same treated with acetic acid. The small circular bodies are blood corpuscles. Fig. 206. Blood in the form of irregularly shaped clots from the vagina, p. 394.

ENTOZOA.

Plate I. Fig. 1. Layers of which the wall of an hydatid cyst is composed. Fig. 2. Echinococci from hydatid liver of ox. Fig. 3. Echinococci. Fig. 4. Free hooklets of echinococci. Fig. 5. Hooklet of echinococcus. Fig. 6. *Tenia echinococcus*. Fig. 7. *Dipyloma crenata* half the real size. Fig. 8. Ova of *bilharzia hæmatobia* found in urinary deposit. Fig. 9. An ovum of *bilharzia hæmatobia* highly magnified. Fig. 10. Ova of *bilharzia hæmatobia*. Fig. 11. *Bilharzia hæmatobia*, after Bilharz, p. 402.

URINARY CALCULI.

Plate I. Fig. 1. Large uric acid calculus consisting of concentric layers of uric acid deposited upon a smaller calculus composed of oxalate of lime. Fig. 2. Beautiful example of oxalate of lime calculus, the surface of which is of a pale brown colour, and the tubercles small and delicate. Fig. 3. Mulberry calculus which was of a rich plum colour. Fig. 4. Small prostatic calculi. Fig. 5. Large mulberry calculus two-thirds the real size. Fig. 6. Phosphatic calculus. Fig. 7. Blood calculus from the infundibula of the kidney. Fig. 8. One large and two small blood calculi from the pelvis of the kidney. Fig. 9. Phosphatic calculus, the nucleus composed of a small uric acid calculus. Fig. 10. Small calculi from the kidney. The nuclei composed of soft granular material, probably disintegrated epithelium. Fig. 11. Very small calculi from the follicles of the prostate gland, p. 416.

Plate II. Fig. 12. Small compound oxalate of lime calculus found in the urine of a young man who was passing numerous dumb-bells of

oxalate of lime and crystals of uric acid. Fig. 13. Compound oxalate of lime calculus from the same case as that shown in fig. 12. Fig. 14. Urinary deposit consisting of crystals of triple phosphate, and smooth and irregularly shaped oxalate of lime calculi passed in immense numbers from a gentleman suffering from symptoms of renal calculus. Fig. 15. The same calculi as shown in fig. 14 after being treated with acetic acid. The nuclei and concentric layers of each individual calculus have been rendered beautifully distinct, p. 420.

Plate III. Fig. 1. A calculus which had undergone spontaneous fracture in the bladder. Figs. 2 and 3. Portion of a calculus which had separated before removal. Fig. 4. Another calculus which had undergone spontaneous fracture, p. 434.

Fig. 1.



Diagram showing the general anatomy of the human kidney as seen upon section. About two thirds the natural size. The scale at the side is divided into eight spaces representing half-inches p. 2.

Fig. 2.



Thin section of a portion of the human kidney. *a.* cortical; *b.* medullary portion; *c.* pelvis; *d.* infundibulum; *e.* opening of an infundibulum into pelvis; *f.* calyx; *g.* pyramid; *h.* mamilla or papilla; *i.* adipose tissue; *k.* large veins divided in making the section. Small arteries are also seen cut across in different parts of the section, some large branches being situated between the cortex and the medullary portion of the organ. p. 3.

Fig. 3.



The secreting portion of the human kidney, showing the uriniferous tube, *k.* commencing in a flask like dilatation, *a.* *i.* which embraces the capillary vessels of the Malpighian tuft. *c.* a branch of the artery, afferent vessel, which enters the Malpighian tuft. *e.* the vein or efferent vessel. x about 50. p. 2.

[To face page



STRUCTURE OF THE KIDNEY.

PLATE II.

Fig. 4. Part of the cortex, with the commencement of the medullary portion of the kidney, magnified 15 diameters. *a.* Branches of artery. *b.* Afferent vessels of tuft. *c.* Malpighian tufts. *d.* Efferent vessel of tufts. *e.* Network of capillaries, into which the blood, after having traversed the capillary loops of the tuft, is carried. *f.* Small radicles of renal vein, by which the blood is returned to the large trunks. *g.* Long and almost straight vessels (*vasa recta*), into which the efferent vessel of those tufts situated at the bases of the pyramids, divides. These straight vessels may be traced for some distance towards the apex of the cone. *h.* Veins in the same situation, which return the blood to the large venous trunk, *i.* *k.* Capillary network in the pyramids. *l.* Portion of the capillary network of the cortex, where the meshes are elongated, corresponding to the direct course which many of the uriniferous tubes take, at regular intervals, in the cortex. *m.* Network of other parts of the cortex, in which this arrangement is not observed, *n.* Malpighian bodies not injected. *o.* Convoluted portion of uriniferous tube. *p.* Tubes having a direct course towards the cones, situated at regular intervals through the cortex. At *l* would be situated another parcel, and at *q* a third. The arteries pass in the intervals between these, as represented. *q.* One of the tubes isolated. I have never been able to demonstrate the branches represented, in the human subject, but from their existence in some of the lower animals, it is probable that a similar arrangement may be found in the higher. The branches *r* must therefore be considered merely diagrammatic. *r.* Branches continuous with the convoluted portion. *s.* Wavy portion of uriniferous tube, at the commencement of the cones. *t.* Capsule of kidney. *u.* Uriniferous tube, with Malpighian tuft and capillary vessels complete. *v.* Capillary network, with fragments of uriniferous tubes, from which the epithelium has been washed out (the so-called *matrix* of the kidney).

Fig. 5. Uriniferous tube, with dilated extremity, which embraces the vessels of the Malpighian tuft. The epithelium is seen in the convoluted portion of the tube, but cannot be traced within the capsule in the human subject.

Fig. 6. Small artery, with tuft and capillary network, accurately copied from a specimen. The artery is seen to divide into three or four branches, and each of these gives off capillary loops, which divide and subdivide for some distance before they communicate with those of another division. The letters refer to the same parts as indicated in fig. 1. Every part of fig. 1, with the exception of *q*, *r*, has been copied from actual specimens, prepared from a number of kidneys. The separate drawings thus obtained have been grouped in their proper position, in order to complete the drawing. Fig. 5 is partly copied from nature. Fig. 6 is entirely traced from a preparation. The injection employed for making the specimens was the Prussian blue fluid.*

* "How to work with the Microscope."



ANATOMY OF KIDNEY

Plate II

Fig. 5.

Fig. 4.



STRUCTURE OF THE KIDNEY.

PLATE III.

EPITHELIUM OF URINIFEROUS TUBE, PELVIS OF THE KIDNEY, URETER, AND URETHRA.

Fig. 7. Convoluted portion of uriniferous tube with epithelium, from the cortical portion of the kidney. *a.* Basement membrane. *b.* Epithelium. *c.* Part of tube from which the epithelium has been squeezed out, leaving only the basement membrane. *d.* Capillary vessels containing transparent injection, showing their relation to the wall of the tube. *e.* Separate cells of epithelium magnified 403 diameters.

Fig. 8. Straight portion of uriniferous tube from the base of a pyramid. *a.* Basement membrane. *b.* Epithelium. *c.* A tube from which the epithelium has been removed. *d.* One of the large straight vessels found among the tubes in the pyramids. *e.* Capillaries also present in this part of the kidney. *f.* Separate epithelial cells magnified 403 diameters.

Fig. 9. Epithelium from the pelvis of the kidney, in part tessellated (*a*) and in part columnar.

Fig. 10. Epithelium scraped from the surface of a pyramid.

Fig. 11. Epithelium from the ureter, entirely columnar.

Fig. 12. Columnar epithelium from the urethra.

The specimens from which all these drawings were copied, were taken from the organs removed from the body of a man, aged 40, who died of pneumonia, otherwise healthy.

The vessels of part of the kidney were injected with Prussian blue fluid,* in order that the relation of the capillaries to the uriniferous tubes might be distinctly made out. The character of the epithelium lining the convoluted portion of the uriniferous tube is represented at *e* (fig. 7). Generally, the cell does not exhibit a distinct outline as is usually represented, although, on the contrary, the outline of the nucleus is often sharp and well defined. The material around the nucleus usually appears granular, and I am not satisfied as to the existence of a distinct cell-membrane. The nuclei are very large, and may easily be mistaken for the entire cell. The epithelium in the straight part of the uriniferous tube in the medullary portion of the kidney is flatter, and its outline is more distinct. In the cortex, the epithelium takes part in *secretion*, but in the medullary portion of the organ it probably corresponds to the epithelium of the *ducts* of glands generally. Many vessels in this part of the kidney pursue a very straight course, and are of large size, their diameter being equal to, or even greater than, that of the tubes, *d* (fig. 8).

* For the composition of this fluid, see "How to work with the Microscope."

Fig. 7.



Fig. 8.



Fig. 9.



Fig. 10.



Fig. 11.

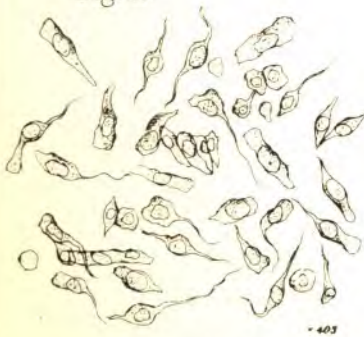


Fig. 12.



1000 thr 403
1000 ths 215

STRUCTURE OF THE KIDNEY.

Fig. 13.



Tasa recta in the pyramidal portion, and Malpighian bodies in the cortical portion. At about the point of union between cortical and straight portions of kidney. p. 7.

Fig. 15A.



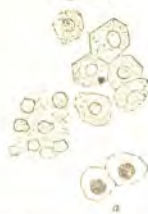
Uriniferous tube bent upon itself at a in the pyramid of the kidney. The looped tube of Henle. p. 10.

Fig. 17A.



Young and growing Malpighian body of a child, age 2 1/2 years. The muscular fibre cells are seen on the small artery quite close to the Malpighian body. x 215.

Fig. 16.



Epithelium from a uriniferous tube. Human kidney. a treated with acetic acid. p. 13. x 215.

Fig. 17.



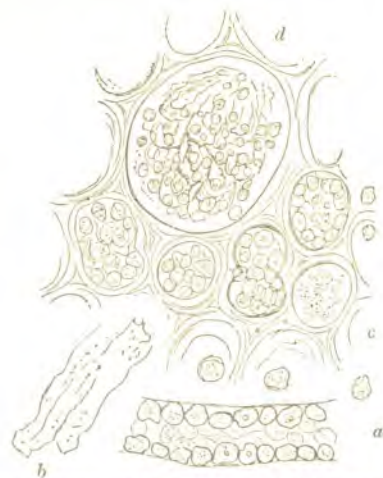
Epithelium from the pelvis of the healthy human kidney. p. 14. x 215.

Fig. 14.



Capillary vessels from Malpighian unit of human kidney, showing the nuclei connected with their walls. a a box body separated from the rest of the tuft. b part of a loop somewhat compressed, showing the nuclei a little flattened. c, tissue which connects the vessels with each other, by which the globular form of the tuft is preserved even when it is removed. d, a small portion of a capillary compressed as much as possible, showing thickness of capillary wall at the point of reduplication. p. 8.

Fig. 15.



Thin section of healthy human kidney, slightly washed in water. a convoluted portion of uriniferous tube. b, portion of a tube stripped in its epithelium. c, couple of tubs and crumpled capillaries, having a fibrous appearance—the so-called matrix. d, very small Malpighian body: loops of vessels shrunk, showing cells in their walls. x 215. pp. 18-20.

Fig. 18.



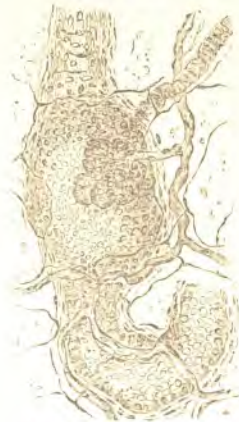
Epithelium from the ureter. p. 14. x 215.

Fig. 19.



A part of the convoluted portion of a ramified tube from the newt's kidney showing capillary vessels and nerves, and the thickened basement membrane continuous in structure with the connective tissue. $\times 214$, pp 16-17.

Fig. 13A.



albuginea body and tube of the newt's kidney $\times 130$, pp 16-17

Fig. 20.



capillaries, nerves, or tubules. Tissue, fig. a. $\times 200$, pp 16-17.

Fig. 21.



Ganglion from the plexus of the kidney of a boy 3 years of age, showing small arteries and capillaries, nerves, and bundles of nerve fibres. $\times 214$, p 16.

Fig. 22.

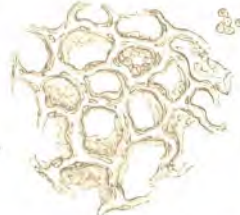
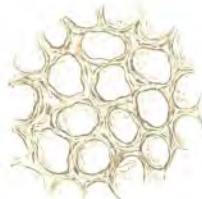


Delicate nerve fibres entering into the formation of the bundles connected with the ganglia of the kidney, showing their arrangement and their nuclei. $\times 500$, p 15.

a

Fig. 23.

b



a section of cortical portion of healthy kidney (human). Washed in water and examined in the same medium. The capillaries were not injected, and having collapsed and shrunk exhibit the fibrous appearance which is considered to depend on, on the water. b section of another part, in which the vessels were injected. The nuclei on the plate are seen, but not the fibrous matrix. $\times 100$, p 20.

STRUCTURE OF THE KIDNEY.

PLATE VI.

Fig. 24. Section of the cortical portion of a human kidney, the vessels of which have been injected with the Prussian blue solution. *a*. Membrane of the tubes. The *a* to the right of the figure shows the position of a Malpighian body: *b* a portion of a capillary loop of a Malpighian body: *c* venous capillaries lying between the uriniferous tubes. In many places the double shaded line indicates the basement membrane of the tubes: *d* position of the uriniferous tubes.

Fig. 25. Transverse section at the base of a pyramid.

Fig. 26. A similar section a short distance lower down, showing sections of the uriniferous tubes. The small tubes join the larger ones at a point lower than that at which the section is made.

Fig. 27. Section nearer the apex of the pyramid.

Fig. 28. Apex of a pyramid showing the manner in which the uriniferous tubes open into the pelvis of the kidney.

[To follow Plate V.]



Fig. 24.



Fig. 25.



Fig. 26.



Fig. 27.

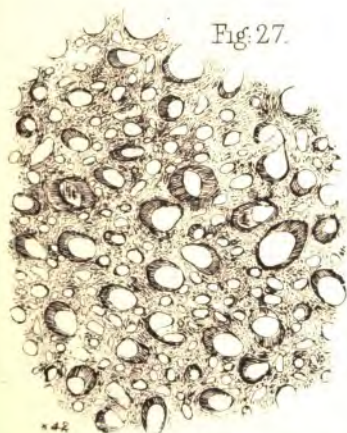


Fig. 28.



L.S.B.

100 vhs. 1000 vhs. 100 vhs. 1000 vhs.

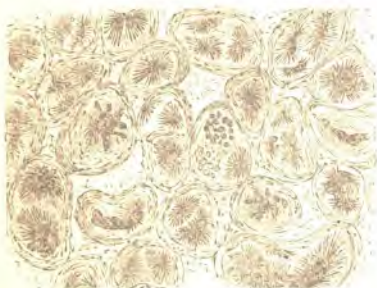
Path. Lab. 1858

Fig. 29.



Unbranched filia, some of which are packed with a deposit consisting of albuminous matter and blood. X 20. p. 12.

Fig. 30.



Transverse section of the tubules of the kidney of a snake, occupied by large crystals of uric acid. X 20. p. 12.

Fig. 31.



Crystals of leucine in the substance of kidney. Human subject. X 20. p. 12.

Fig. 32.



Crystals of uric acid more highly magnified. From the same specimen. X 20. p. 12.

Fig. 33.



A small portion of the small intestine represented in Fig. 31, Plate V., but magnified 500 diameters, showing ganglion cells and their connection with the nerve fibres. p. 12.

Fig. 34.



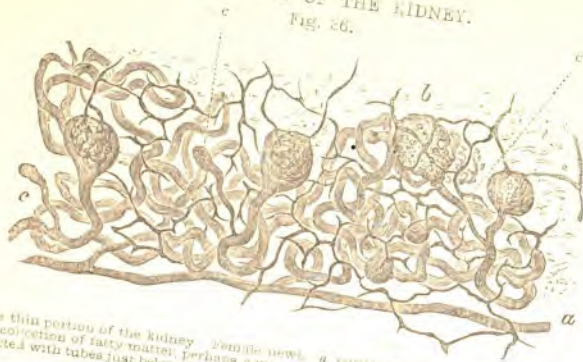
Portions of human kidney. With earthy phosphates precipitated amongst the cells. X 20. p. 12.

Fig. 35.



a, portion of branched tubule; b, capillary vessel; and c, nerve fibres. Kidney, child, age 11. X 500. p. 21.

STRUCTURE OF THE KIDNEY. Fig. 36.



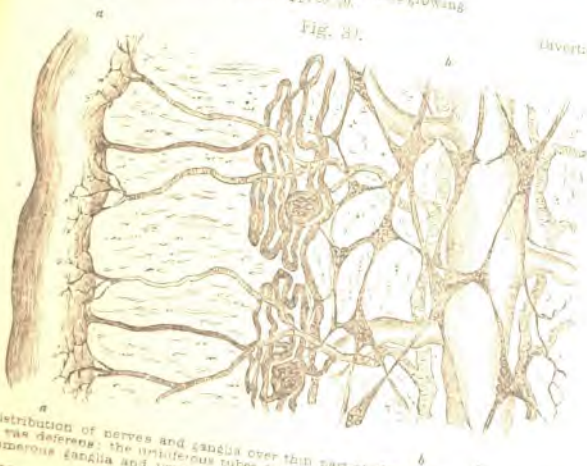
Part of the thin portion of the kidney female newt. *a* portion of straight blood vessel, connected with ureter. *b* collection of fatty matter, perhaps a wasted Malpighian body. *c* capillary. The capillaries are also represented, x 40. p. 28

Fig. 37.



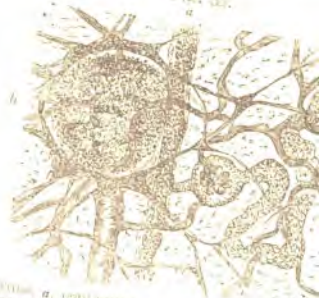
Malpighian body and portion of numerous tube, with remarkable diverticulum. Female newt. at *a*, a bud projects from the diverticular tube as if a branch were growing from it. x 30. p. 28.

Fig. 38.



Distribution of nerves and capillaries over thin part of the kidney of male newt. *a*, vas deferens; the numerous tubes opening into it; *b* arteries; *c* veins. The numerous capillaries and nerves. Efferent are seen ramifying over the vessels and tubes. x 1-66.

Fig. 39.



Tube *a*, containing spermatozoa from which some Malpighian bodies and numerous tubes with male buds are developed. *b* and *c* capillaries which had undergone division, and the gametes are also seen at *b*. x 40. p. 28.

Fig. 40.



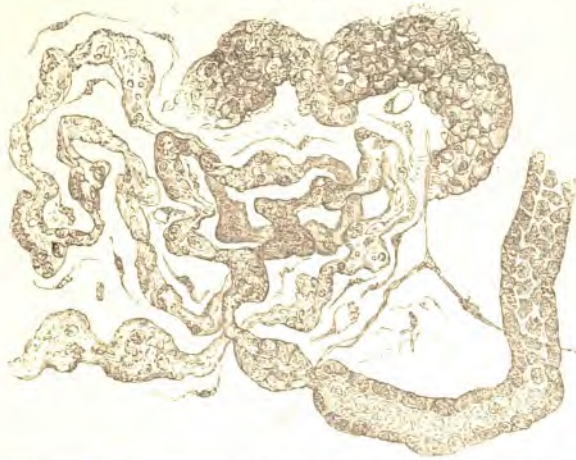
Diverticulum from the kidney male newt. p. 28.

Fig. 41.



Tube containing spermatozoa. Some of the capillaries and Malpighian bodies. One of the tubes is double. Male newt. x 40.

Fig. 43.



Tube of kidney of female newt, part of which has undergone degeneration and wasting. The healthy portion of the tube is seen to the right of the figure. Nerve fibres are also seen in some places. *x 225. p. 32.*

Fig. 43.



a. portion of a capillary vessel of the kidney, disoriented with altered white blood corpuscles; *b.* renal flattened cells from inner surface of capsule of the Malpighian body; *c.* nucleus of capillary wall. Acute suppurative nephritis. *p. 45.*

Fig. 45.



Casts containing cells like pus and blood corpuscles. Acute suppurative nephritis. Three days before death. *p. 46.*

Fig. 44.



Portion of a cast measured 700 diameters, each side in the central part resembling white blood corpuscles is also corpuscles, which have probably accumulated while they were entangled in the degenerate material of the cast. *p. 46.*

Fig. 46.



Small casts formed in the convoluted portion of the uriniferous tubes, which have become embedded in transparent material during their passage down the straight portion. *x 60. p. 46.*

DISEASES OF THE KIDNEY

PLATE X.

Fig. 47.



tion of a cast, with distinct nuclei and granular contents. Acute nephritis. $\times 700$.

Fig. 48.



Bodies found between the capillaries of the Malpighian body and the wall of the capsule. Case of acute suppurative nephritis. $\times 700$.

Fig. 49.



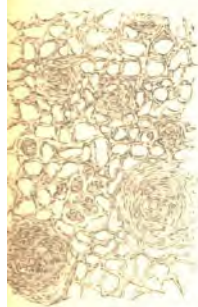
A portion of one of the capillary loops of a Malpighian body, distended with modified white blood corpuscles. $\times 700$.

Fig. 50.



Separate cells found in the urine. Case of acute suppurative nephritis. $\times 700$.

Fig. 51.



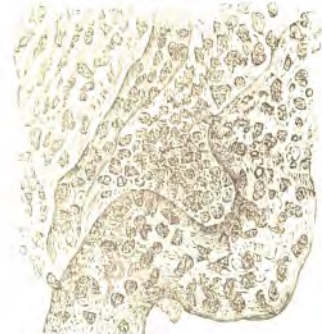
Malpighian bodies, showing different degrees of wasting. $\times 40$ p. 60.

Fig. 52.



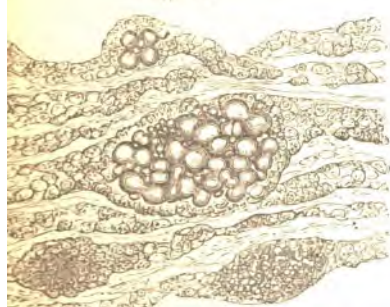
Tubes of the kidney decomposed and wasted. $\times 215$ p. 61.

Fig. 53.



Multiplication of masses of germinal matter about tubes prior to wasting. $\times 215$ p. 63.

Fig. 54.



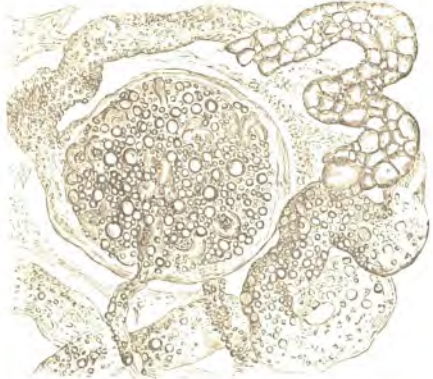
Tubular crystals of oxalate of lime impacted in the lumen of a kidney, forming minute calculi. $\times 215$ p. 62.

Fig. 55.



Portion of a tube from the cortex of the kidney of a healing cat, containing much oil. $\times 115$ p. 65.

Fig. 56.



Malpighian body and portions of numerous tubes with capillary vessels, showing a kidney from a cat. $\times 115$ p. 66.

(To follow PLATE XI.)

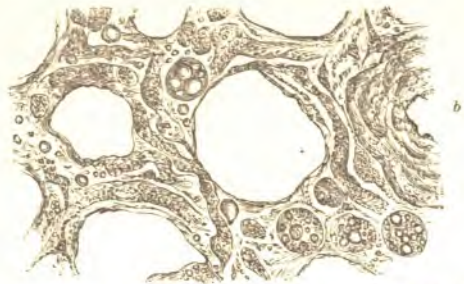
[*To follow Plate V.*]

Fig. 56.



a, wasting tube, with oil globules in the interior.
b, a tube containing transparent waxy cast, with
terminal matter resulting from altered epithelium.
Fatty and contracting kidney. $\times 215$.

Fig. 57.



A thin section of the cortex of a fatty and contracting kidney,
showing the remains of tubes and vessels in what is generally
considered as the "matrix": *a*, the remains of a tube appearing as
a connective tissue corpuscle. *b*, small artery with thickened walls.
 $\times 215$. p. 10, 64.

Fig. 58.



Section of cortex of fatty and contracting kidney. $\times 180$. p. 61.

Fig. 59.



Epithelium of tube much altered. Walls of
tube much thickened. $\times 700$. Fatty and
contracting kidney. p. 65.

Fig. 61.



Capillaries, Malpighian body.
Fatty and contracting kidney.
Bacteria are seen in the
interior of the vessel, the walls
of which are very much
thickened. $\times 700$.

Fig. 60.



Loops of vessels of the Malpighian tuft, distended with
granular matter, and containing oil globules.
 $\times 15$. p. 63.

Fig. 63.



Portion of altered tube,
with a bud growing
from it. Fatty and
contracting kidney.
 $\times 700$. p. 66.

Fig. 62.



Portion of very transparent matrix, showing the remains
of uriniferous tubes. Fatty and contracting kidney.
 $\times 700$. p. 66.

Fig. 63*.



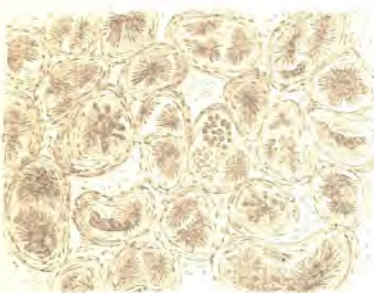
Section of uriniferous tubes in various states of wasting
and degeneration. Fatty and contracting kidney. In
some of the tubes there is much oil. $\times 215$.

Fig. 32.



A tubular tube, without distal end, covered with a dense covering of albuminous matter and tubules. X 400. p. 12.

Fig. 33.



Transverse section of the tubes of the kidney of a snake, occupied by large crystals of uric acid. X 400. p. 12.

Fig. 34.



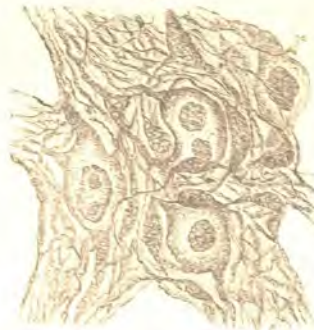
Crystals of leucine in the substance of kidney. Human subject. X 20. p. 12.

Fig. 35.



Crystals of leucine in the kidney, removed from the same specimen. X 20. p. 12.

Fig. 36.



A cross-section of the kidney tubule, represented as Fig. 32, and magnified 100 times, showing the brush border and the inner connective tissue. p. 12.

Fig. 37.



Two of kidney tubules. With early phosphates precipitated along the sides. X 100. p. 12.

Fig. 38.



a portion of an undifferentiated tubule, b, capillary vessel; and c, nerve fibres. Kidney, chick, age 3. X 100. p. 31.

Fig. 19.



A part of the convoluted portion of a branched tube from the newt's kidney showing capillary vessels and mesoderm, and the thickened basement membrane continuous in structure with the convoluted tube. $\times 715$, pp. 18, 19.

Fig. 19A.



albugin body and tube of the newt's kidney. $\times 130$, pp. 18, 19.

Fig. 20.



Portion of kidney from a boy 3 years of age showing small arteries and capillaries, peritubular, and bundles of nerve fibres. $\times 91$, p. 19.

(Fig. 21)



Ganglion from the pelvis of the kidney of a boy 3 years of age showing small arteries and capillaries, peritubular, and bundles of nerve fibres. $\times 91$, p. 19.

Fig. 22.

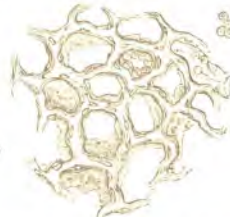
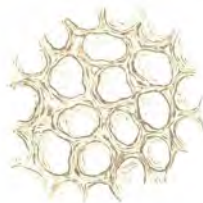


Delicate nerve fibres entering into the formation of the bundles connected with the ganglia of the kidney, showing their arrangement and their nuclei. $\times 700$, p. 20.

a

Fig. 23.

b

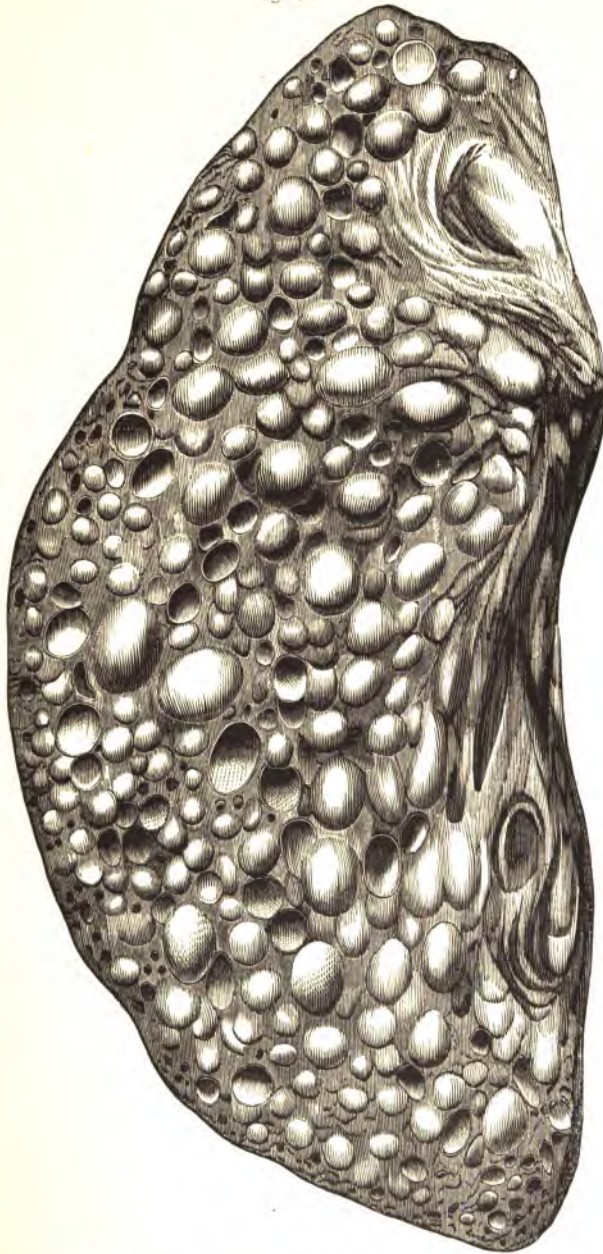


a, section of cortical portion of healthy kidney (human). Washed in water and examined in the same medium. The capillaries were not injected, and having collapsed and shrunk exhibit the fibrous appearance which is considered to depend upon the matrix. b, section of another part in which the vessels were injected. The nuclei on their coats are easily distinguished. $\times 100$, p. 20.



DISEASES OF THE KIDNEY.

Fig. 75.



Full size representation of section of the right kidney, showing the enormous development of cysts throughout its substance. The presence of these growths is evidently due to intra-uterine disease of the fetus. From a drawing by Dr. J. Jardine Murray. p 79

CHEMICAL AND MICROSCOPICAL APPARATUS.

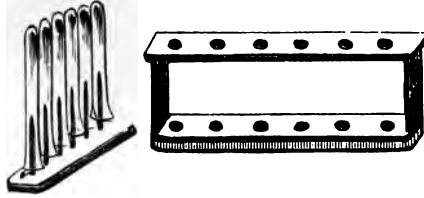
PLATE I.

Fig. 1.



Conical glass for allowing deposits from fluids to subside. p. 92.

Fig. 2.

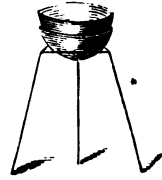


Test tubes, rack, and drainer. p. 92.

Fig. 3.



Fig. 4.



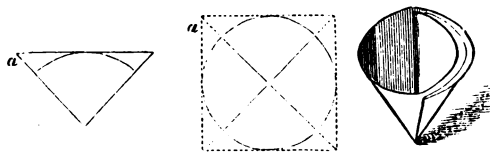
Wire triangles for supporting platinum capsules or foil while the organic matter is being burned off. p. 92.

Fig. 5.



Wash bottle for washing precipitates, &c. p. 93.

Fig. 6.



Represents the mode of folding the paper used for filtering purposes. p. 93.

Fig. 7.



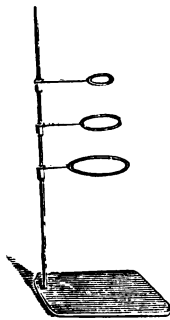
Pipettes. p. 93.

Fig. 9*.



Pipette forming stopper p. 90.

Fig. 8.



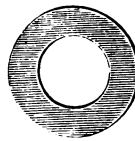
Small retort stand. p. 92.

Fig. 9.



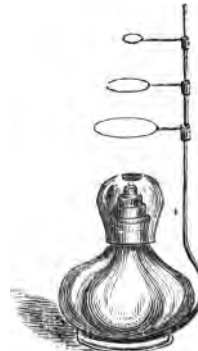
Simple form of water bath.

Fig. 10.



Ring used as an adapter for fitting various sized basins to the simple water bath. p. 92.

Fig. 11.



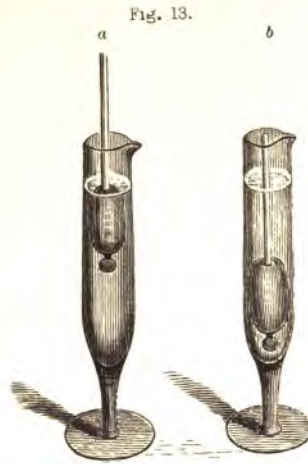
Spirit lamp p. 92.

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CHEMICAL AND MICROSCOPICAL APPARATUS.



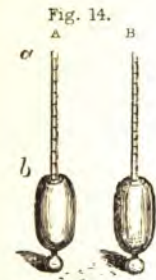
Retort stand, funnel, and beaker, arranged for filtering. p 94.



Glasses of convenient form, both for obtaining the specific gravity of fluids and also for collecting the deposits from fluids. p 94.



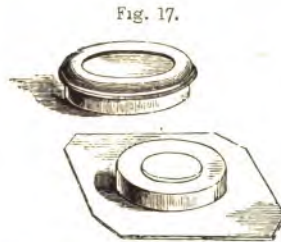
Bottle with capillary orifice. p 97.



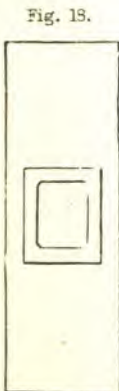
Urinometers for ascertaining the specific gravity of fluids. p 93.



Bottle for finding the specific gravity of fluids by weight. p 93.



Animalcule cage, also used for examining urinary deposits, &c. under the microscope. p 97.

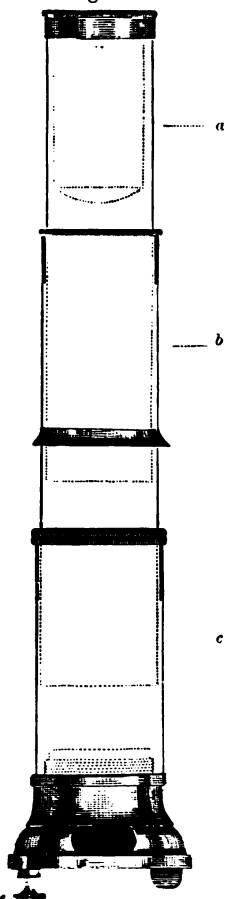


Simple glass cell for examining of urinary deposits. p 97.



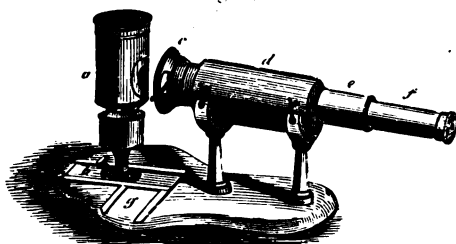
Box containing bottles with capillary orifices, spirit lamp, urinometer and glass, and other appliances and apparatus necessary for minute testing. p 97.

Fig. 20.



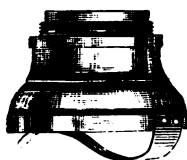
Pocket or clinical microscope, half the real size. *a*, tube with eye-piece. *b*, tube carrying object glass. *c*, tube in which the last slides with stage. *e*, clamp for fixing preparation p. 95.

Fig. 31.



Clinical microscope with stand, and lamp, as arranged for class purposes p. 95.

Fig. 22.



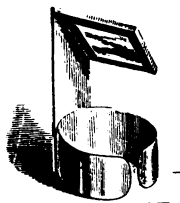
The stage, side view of the clinical microscope, showing position of the spring. p. 95.

Fig. 23.



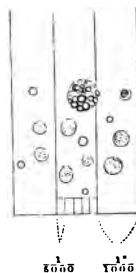
Sectional view of cell for examining urinary deposits. p. 97.

Fig. 24.



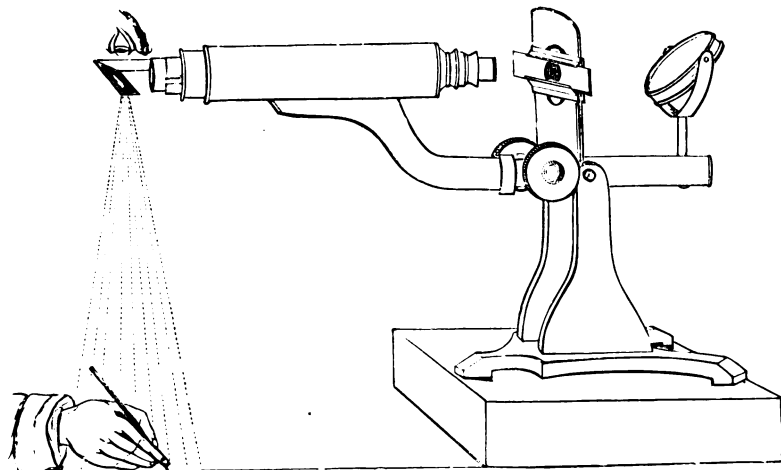
Neutral tint glass reflector. p. 97.

Fig. 25.



Scale divided into 1000ths of an inch and magnified 215 diameters. For measuring the size of objects in the microscope. p. 97. $\times 215$

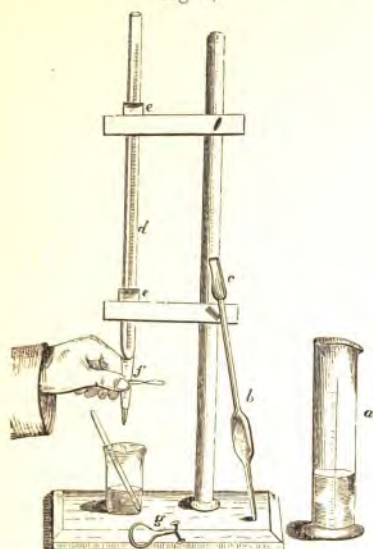
Fig. 26.



Manner of drawing objects from the microscope with the aid of the neutral tint glass reflector. p. 97.

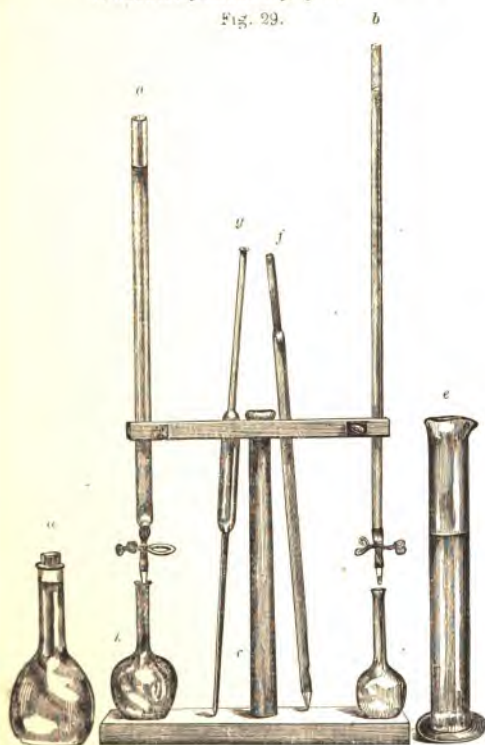
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Fig. 27.



Burettes holding 50 cubic centimetres, and graduated to half c. c., mounted in its stand and arranged as in making analyses. *a*, glass jar capable of holding 500 c. c. *b*, pipette graduated to hold 50 c. c. *c*, india-rubber tube by which the contents of the pipette are caused to flow as required. *d* is the burette. *e*, small pieces of india-rubber for fixing the burette to its place. *f*, india-rubber tube connecting the extremity of the burette with the spout, and capable of being compressed by the spring, the form of which is represented at *g*. p. 102.

Fig. 29.



Double burette stand fitted with burettes graduated to dem. *a*, 100-dcm. burette. *b*, 30-dcm. burette. *c*, double burette stand. *d*, a 100-dcm. flask stoppered. *e*, a 1000-dcm. cylinder. *f*, a 50-dcm. whole pipette. *g*, a 10-dcm. graduated pipette. *h*, a 500-dcm. flask. *i*, a 200-dcm. flask. According to Mr. Sutton's directions. p. 101.

Fig. 28.



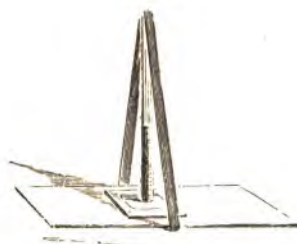
Filter useful in volumetric analyses for obtaining a small quantity of clear solution in order to see if all the substance is precipitated. Filtering paper is tied round the lower extremity. *a*, *b* is the spout through which the clear filtrate is poured. p. 101.

Figs. 30, 31.



Pipettes of different forms, graduated. p. 101.

Fig. 32.



Arrangement for collecting the deposit from a very small quantity of fluid. p. 101.

Fig. 33.



Apparatus as arranged by Dr. Handfield Jones for estimating the proportion of urea in urine. p. 114.

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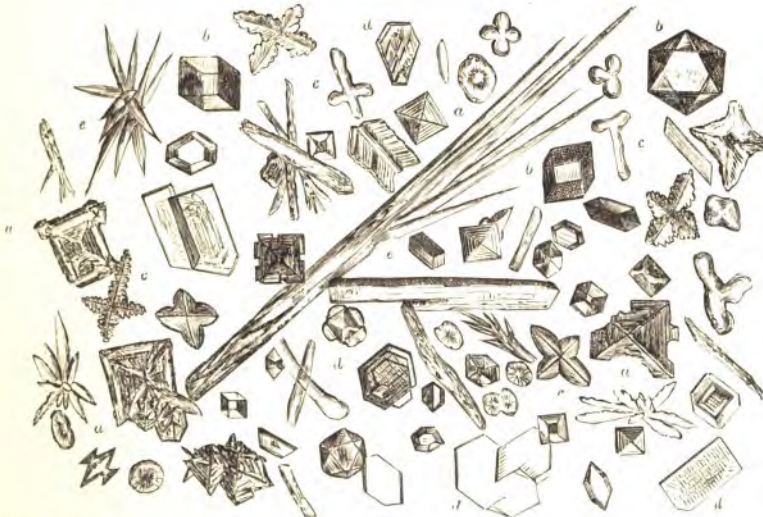
ILLUSTRATIONS OF URINE.

Fig. 1.



Crystalline residue of healthy urine, obtained by concentrating the liquid over a water bath. *a*, spherical masses consisting of aggregations of crystals of urate of soda. Many of these are seen deposited upon a film consisting of phosphate of lime and ammonio-magnesian phosphate. *b*, cubical crystals of chloride of sodium. *c*, octahedral crystals of chloride of sodium, which crystallizes in this form in the presence of urea. *d*, large crystals of common phosphate of soda. *e*, sulphates. *f*, urates. $\times 40$. p. 131.

Fig. 2.



Crystals of inorganic salts of healthy urine, obtained by incinerating the dry residue, decarbonizing it, and extracting it with water. The solution being concentrated to the proper degree, readily crystallizes. *a*, crystals of common salt, obtained by evaporating the solution nearly to dryness. *b*, crystals of common salt formed in a concentrated solution. *c*, crosslets of common salt obtained by evaporating the solution very rapidly to dryness. *d*, crystals of phosphate of soda. *e*, crystals of sulphates. p. 130. $\times 130$.

[To face page 130.]

ILLUSTRATIONS OF URINE.

Fig. 3.



Chloride of ammonium.
x 215. p. 130.

Fig. 4.



Crystals of uric acid. x 215. p. 139.

Fig. 5.



Oxalate of urea, obtained by adding
oxalic acid to concentrated urine.
x 215. p. 132.

Fig. 6.



Crystals of indigo, a and b, obtained by sublimation;
c, small crystals in fluid. p. 135.

Fig. 7.



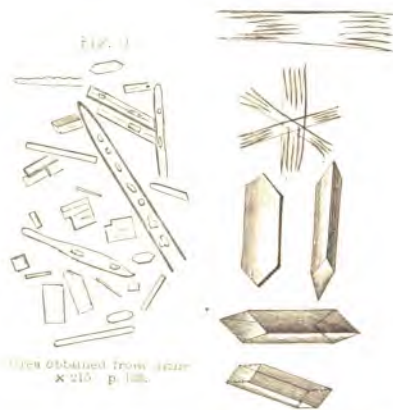
Nitrate of urea. a, crystals obtained from urine;
b, crystals of pure nitrate of urea. x 215. p. 132.

Fig. 8.



Crystals of uroglaucon from the urine. a, small masses
of a blue colour, b, composed of small spherical particles;
c, crystals of uroglaucon of a deep purple or violet colour.
x 400. p. 145.

Fig. 9.



Crystals of hippuric acid.
Reben and Verdel.
p. 115.

[To face Page 132.]

URINE-II

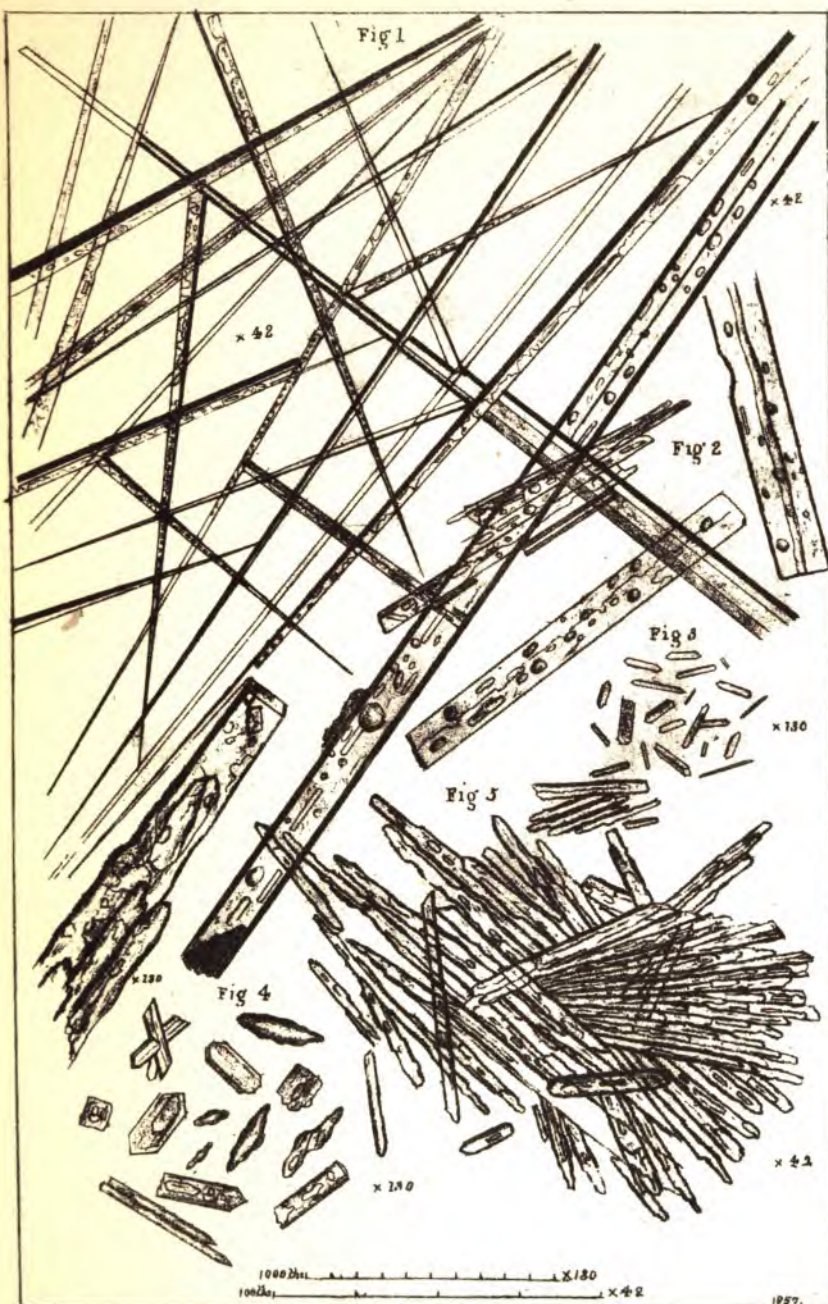
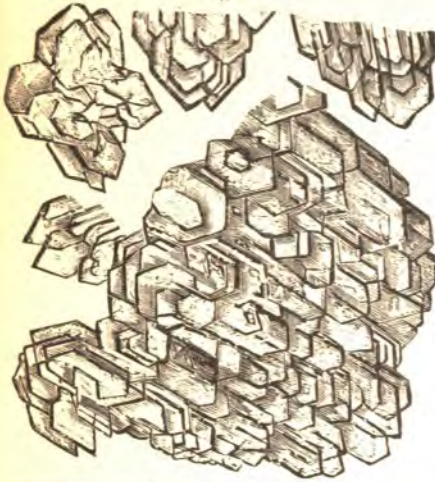
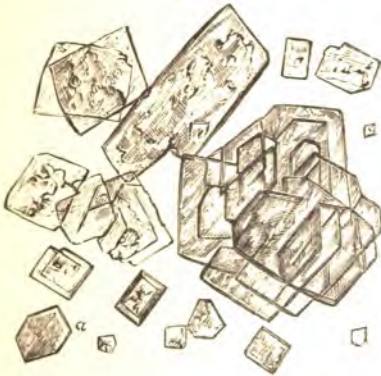


Fig. 1.



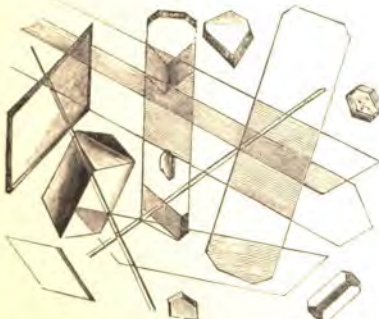
Crystals of nitrate of urea ($C_2H_4N_2O_2, H_2O, NO_3$) formed by adding excess of nitric acid to concentrated urine. $\times 130$. p. 132.

Fig. 3.



Nitrate of urea, obtained by adding a moderate quantity of nitric acid to slightly concentrated urine in a test tube, and allowing it to crystallize slowly. $\times 130$.

Fig. 6.



Crystals of pure nitrate of urea, obtained by dissolving some of the nitrate in water and evaporating, so that crystals may form. $\times 130$.

Fig. 2.



Nitrate of urea formed by adding a quantity of nitric acid not sufficient to combine with the whole of the urea present. $\times 130$. p. 132.

Fig. 4.



Nitrate of urea, obtained by adding a marked excess of nitric acid. $\times 130$.

Fig. 5.



Nitrate of urea, formed by adding only two drops of nitric acid to highly concentrated urine. $\times 130$.

ILLUSTRATIONS OF URINE.

PLATE IV.

Oxalate of Urea, $\text{C}_2\text{H}_4\text{N}_2\text{O}_2$, HO , C_2O_3 .

Fig. 1. Crystals of oxalate of urea, obtained by re-crystallizing nearly pure oxalate of urea from an aqueous solution. *a*. Dendritic masses, in which the form of the crystal is not very distinct. *b*. Masses of well formed crystals. *c*. Perfect crystals of oxalate of urea.

Fig. 2. Crystals of oxalate of urea obtained by evaporating healthy urine to dryness, and extracting the residue with alcohol; the alcoholic solution was then evaporated to dryness, and water added until the residue had a syrupy consistence; to this oxalic acid crystals were added in sufficient quantity to form an oxalate with the urea present. *d*. Represents the general character of the crystals of oxalate usually formed in this manner. *e*. More perfect crystals.

ILLUSTRATIONS OF URINE.

Fig. 3.



Chloride of ammonium.
x 215. p. 130.

Fig. 4.



Crystals of uric acid. x 215. p. 130.

Fig. 5.



Oxalate of urea, obtained by adding
oxalic acid to concentrated urine.
x 215. p. 132.

Fig. 6.



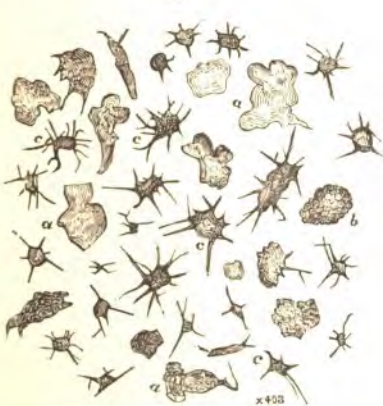
Crystals of indigo, *a* and *b*, obtained by sublimation;
c, small crystals in fluid. p. 148.

Fig. 7.



Nitrate of urea. *a*, crystals obtained from urine;
b, crystals of pure nitrate of urea. x 215. p. 132.

Fig. 8.



Crystals of uroglauine from the urine. *a*, small masses
of a blue colour; *b*, composed of small spherical particles;
c, crystals of uroglauine of a deep purple or violet colour.
x 403. p. 147.

Fig. 9.



Urea obtained from urine.
x 215. p. 133.

Fig. 10.



Crystals of hippuric acid
Bohn and Verdel.
p. 117.



ILLUSTRATIONS OF URINE.

PLATE II.

Urea, $C_2H_4N_2O_2$.

Fig. 1. Urea obtained from urine crystallized in its own mother liquor.

Fig. 2. The same examined in the dry way.

Fig. 3. Small crystals of urea formed in a concentrated solution of natural urea.

Fig. 4. Similar crystals of larger size.

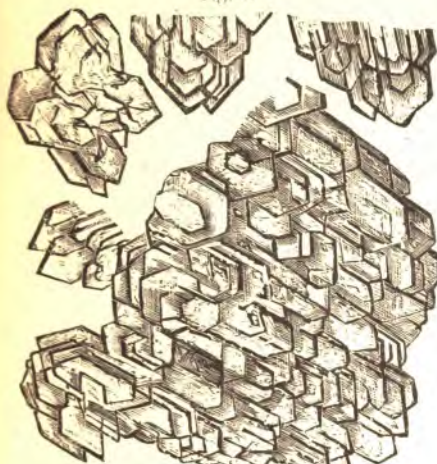
Fig. 5. Artificial urea crystallized. Examined in the dry way.

UREA.

Pure urea may be easily obtained by the decomposition of the nitrate or oxalate of urea. The crystals represented in fig. 1 were made by decomposing pure oxalate of urea with common chalk. An oxalate of lime is formed, which is separated by filtration, and the urea remains in solution. From the nitrate, urea may be obtained by adding carbonate of baryta — nitrate of baryta and urea result; the latter may be separated by evaporation to dryness, and extraction with alcohol, which dissolves the urea and leaves the nitrate of baryta.

For the mode of preparing the nitrate and oxalate of urea, see page 132. Pure urea may also be obtained artificially by evaporating cyanate of ammonia to dryness.

Fig. 1.



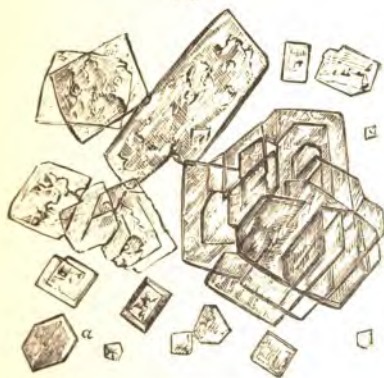
Crystals of nitrate of urea ($C_2H_4N_2O_2$, EO, NO_3) formed by adding excess of nitric acid to concentrated urine. $\times 130$. p. 132.

Fig. 2.



Nitrate of urea formed by adding a quantity of nitric acid not sufficient to combine with the whole of the urea present. $\times 130$. p. 132.

Fig. 3.



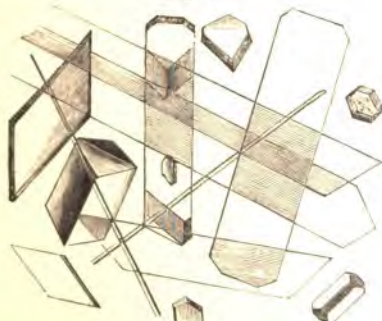
Nitrate of urea, obtained by adding a moderate quantity of nitric acid to slightly concentrated urine in a test tube, and allowing it to crystallize slowly. $\times 130$.

Fig. 4.



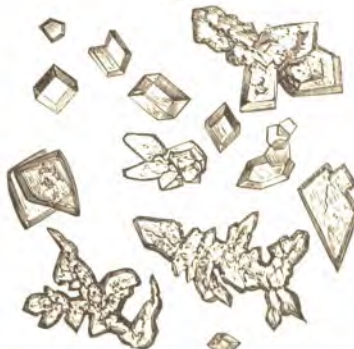
Nitrate of urea, obtained by adding a marked excess of nitric acid. $\times 130$.

Fig. 5.



Crystals of pure nitrate of urea, obtained by dissolving some of the nitrate in water and evaporating, so that crystals may form. $\times 130$.

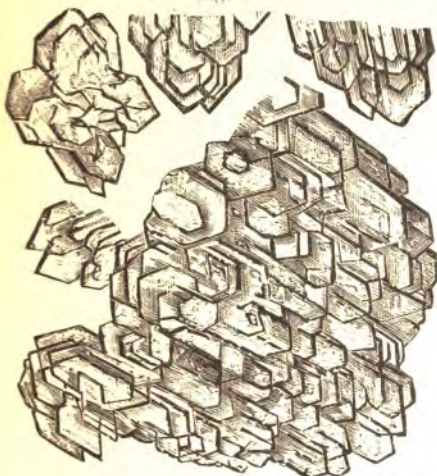
Fig. 6.



Nitrate of urea, formed by adding only two drops of nitric acid to highly concentrated urine. $\times 130$.

(To face page 12)

Fig. 1.



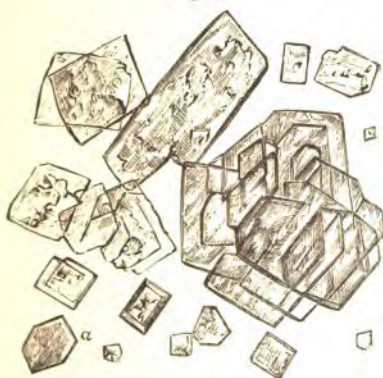
Crystals of nitrate of urea ($C_2H_4N_2O_2, HO, NO_2$) formed by adding excess of nitric acid to concentrated urine. $\times 130$. p. 132.

Fig. 2.



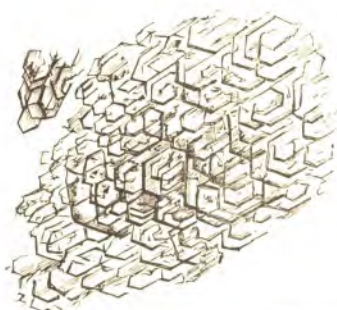
Nitrate of urea formed by adding a quantity of nitric acid not sufficient to combine with the whole of the urea present. $\times 130$. p. 132.

Fig. 3.



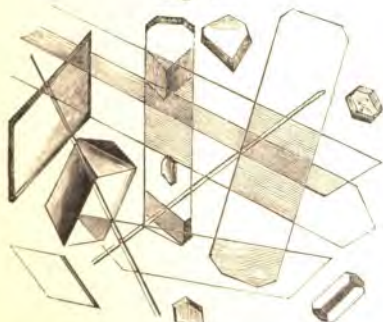
Nitrate of urea, obtained by adding a moderate quantity of nitric acid to slightly concentrated urine in a test tube, and allowing it to crystallize slowly. $\times 130$.

Fig. 4.



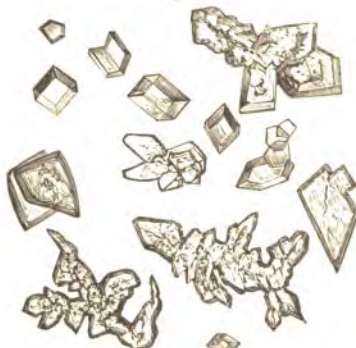
Nitrate of urea obtained by adding a marked excess of nitric acid. $\times 130$.

Fig. 5.



Crystals of pure nitrate of urea, obtained by dissolving some of the nitrate in water and evaporating, so that crystals may form. $\times 130$.

Fig. 6.



Nitrate of urea formed by adding only two drops of nitric acid to highly concentrated urine. $\times 130$.

(To face page 13)

[To face Page 136.

URINE - IV.

Fig 1



Fig 2

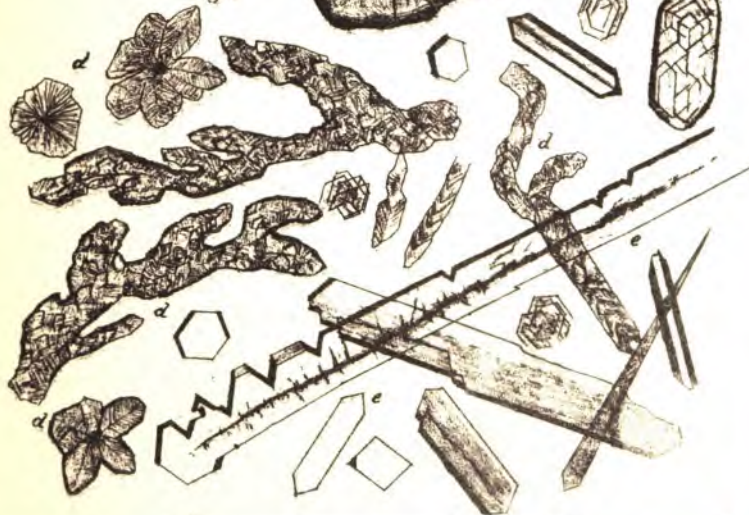
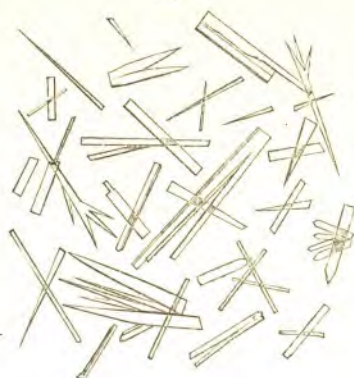


Fig. 1.



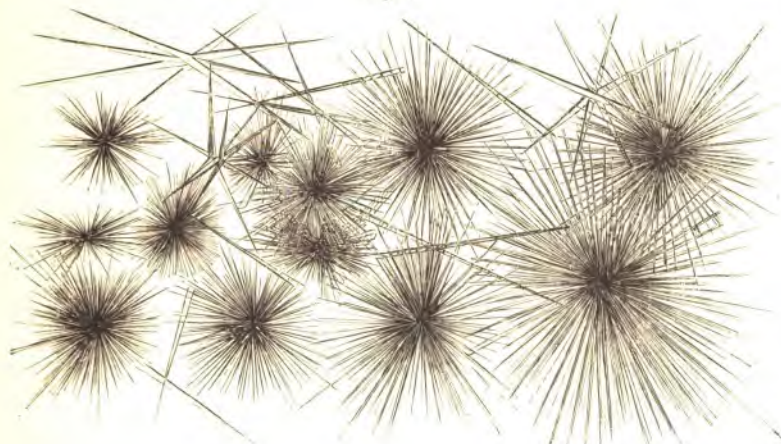
Urate of magnesia. $MgO, C_{10}H_8N_4O_6 + 6aq$ Crystallized in tufts. $\times 130$

Fig. 2.



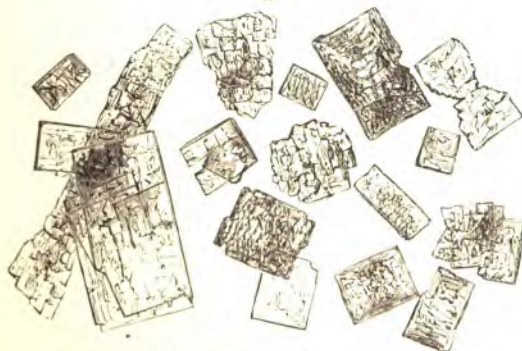
Urate of magnesia, showing the separate forms of the crystals. $\times 215$

Fig. 3.



$\times 130$. $\times 215$.
Urate of lime. $CaO, C_{10}H_8N_4O_6 + 2aq$ Crystallized in tufts composed of long acicular crystals.

Fig. 4.



Uric acid. $C_{10}H_4N_4O_6$ Precipitated by adding hydrochloric acid to urate of potash. $\times 130$

Fig. 5.



Uric acid deposited from urine. $\times 130$

$\frac{1}{1000}$ of an inch $\frac{1}{1000}$ $\times 130$

" " $\frac{1}{1000}$ $\times 215$

[To face page 122]

Fig. 1.



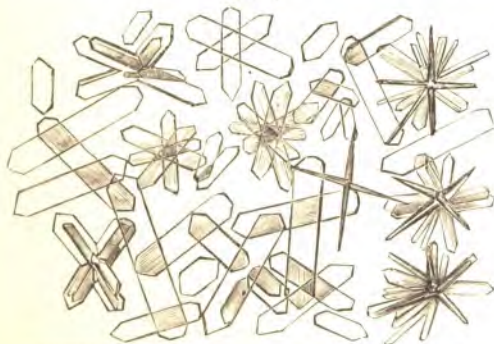
Alloxan. $C_8H_2N_2O_8$. Crystallized from an aqueous solution obtained from uric acid. $\times 42$.

Fig. 2.



Alloxantin. $C_{14}H_4N_4O_{14} + 6 aq$. Prepared from uric acid. $\times 150$.

Fig. 3.



Tarabanic acid. $C_8H_2N_2O_6$. Obtained from uric acid. $\times 130$.

Fig. 4.



Crystals of creatine. p. 139.

Fig. 5.



Crystals of mosite. p. 280.

Fig. 6.



Lactate of copper. p. 163.

[To face page 140.]

Fig. 1.



Compound of chloride of zinc and creatinine, as it is obtained from urine. ($C_8H_7N_3O_2, Zn Cl$) $\times 29$

Fig. 2.



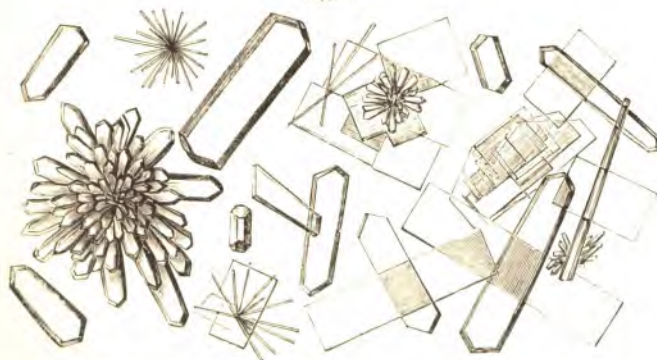
Compound of chloride of zinc and creatinine after re-crystallization in water. $\times 215$. p. 157.

Fig. 3.



Crystals of creatine obtained from the chloride of zinc compound. Crystallized from an aqueous solution. $\times 130$. p. 158

Fig. 4.



Crystals of creatine obtained from the chloride of zinc compound $\times 130$. p. 157.

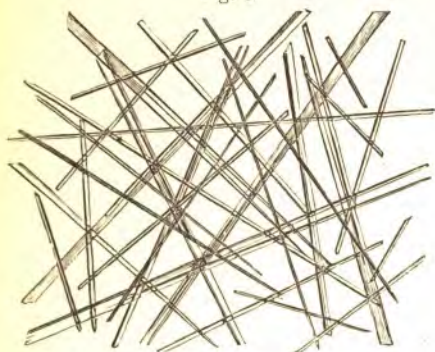
1/100 of an inch 1.1 $\times 130$.
 1.1 $\times 215$.

[To face page 142.]



ILLUSTRATIONS OF URINE.

Fig. 1.



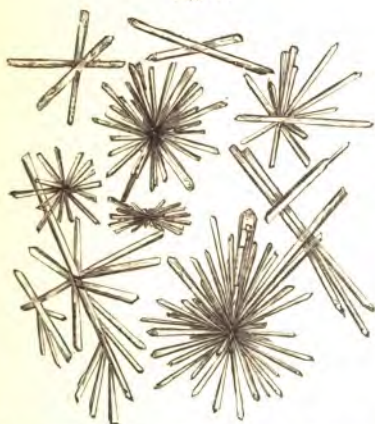
Alloxanic acid. $C_5H_4N_2O_{10}$. $\times 130$.

Fig. 2.



Oxaluric acid. $C_6H_4N_2O_8$. $\times 215$.

Fig. 3.



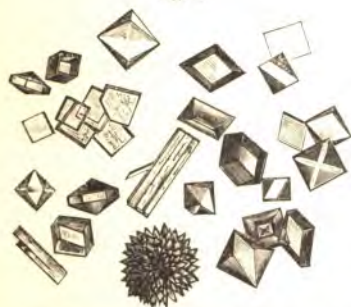
Oxalurate of ammonia. $NH_3, C_6H_4N_2O_8$. $\times 42$. p. 153.

Fig. 4.



Oxalurate of lime. $CaO, C_6H_4N_2O_8 + aq$. $\times 42$.

Fig. 6.



Oxalurate of magnesia. $MgO, C_6H_4N_2O_8 + aq$. $\times 215$.

Fig. 5.



Uramic. $C_8H_5N_3O_6$. $\times 180$.



ILLUSTRATIONS OF URINE.

PLATE IX.

Fig. 1. Alloxanic acid, $C_8H_4N_2O_{10}$.

Fig. 2. Oxaluric acid, $C_6H_4N_2O_8$.

Fig. 3. Oxalurate of ammonia, NH_3 , $C_6H_4N_2O_8$.

Fig. 4. Murexide, $C_{16}H_8N_6O_{12}$.

Fig. 5. Thionuric acid, $C_8H_5N_3O_8 + 2SO_2$.

Fig. 6. Thionurate of ammonia, $2NH_3$, $C_8H_5N_3O_8$, $2SO_2 + 2 aq$.

The alloxanic acid was prepared by adding baryta water to a solution of alloxan. The alloxanate of baryta so formed was decomposed by sulphuric acid, and the clear solution filtered from the precipitate of sulphate of baryta was evaporated and crystallized.

Oxaluric acid was obtained by treating a solution of oxalurate of ammonia with hydrochloric acid. The oxaluric acid was precipitated.

Oxalurate of ammonia was prepared by dissolving parabanic acid in ammonia. Upon heating the solution to the boiling point oxalurate of ammonia was formed, and crystals were obtained upon evaporation.

Murexid. Carbonate of ammonia was added to a warm solution of alloxan and alloxantin. The murexid separated in its characteristic dark red crystals as the solution cooled.

Thionuric acid. A solution of thionurate of ammonia in hot water, was precipitated by acetate of lead. The precipitate was suspended in water and decomposed by sulphuretted hydrogen. The sulphuret was separated by filtration, and the clear solution yielded crystals on evaporation.

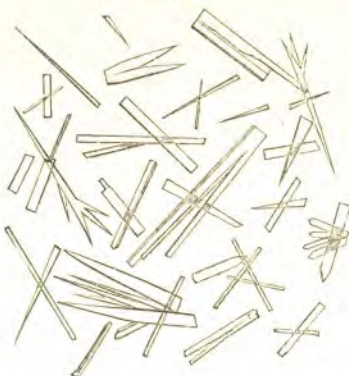
Thionurate of ammonia. A cold strong solution of alloxan was mixed with a solution of sulphurous acid in water until the smell of the latter ceased to disappear after agitation. The fluid was then supersaturated with carbonate of ammonia, and kept boiling for nearly half-an-hour. Upon cooling, the salt crystallized in considerable quantity.

Fig. 1.



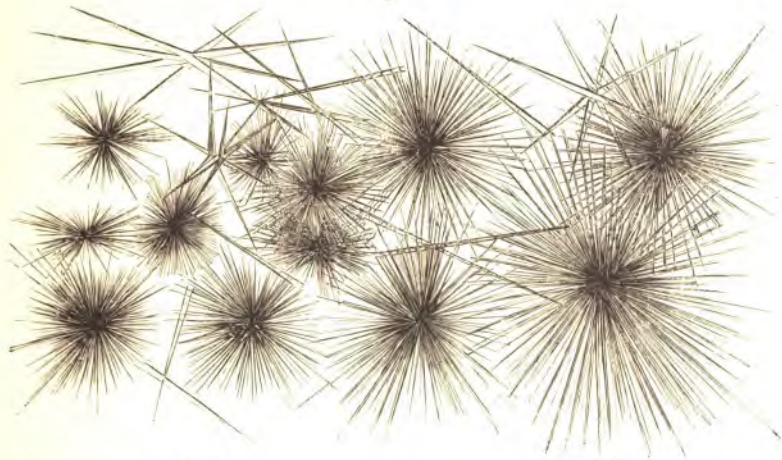
Urate of magnesia. $MgO, C_{10}H_3N_4O_2 + 6aq$. Crystallized in tufts. $\times 130$.

Fig. 2.



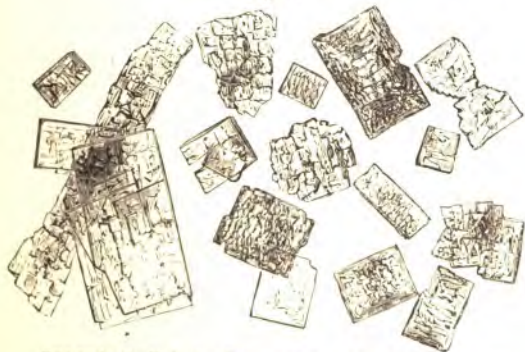
Urate of magnesia, showing the separate forms of the crystals. $\times 215$.

Fig. 3.



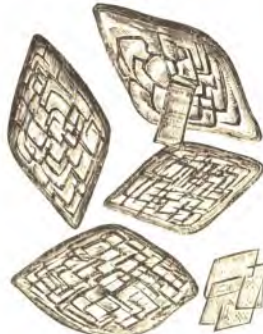
$\times 130$.
Urate of lime. $CaO, C_{10}H_3N_4O_2 + 2aq$. Crystallized in tufts composed of long acicular crystals.

Fig. 4.



Uric acid. $C_{10}H_4N_4O_6$. Prepared by adding hydrochloric acid to urate of potash. $\times 140$.

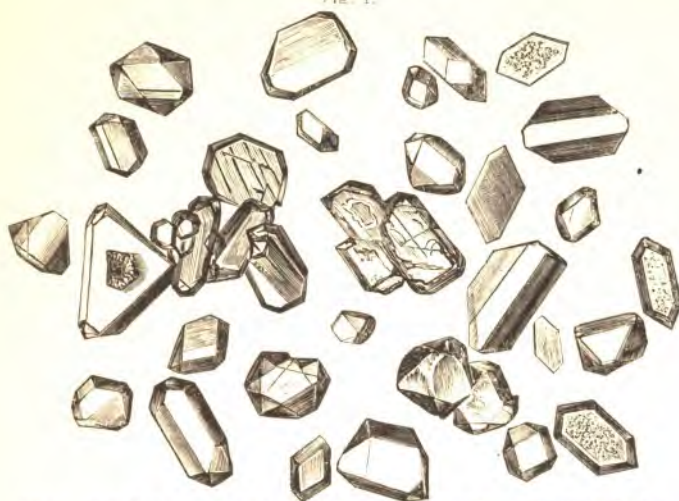
Fig. 5.



Uric acid deposited from urine. $\times 130$.

$\frac{1}{1000}$ of an inch $\frac{1}{1000}$ $\times 130$
" " $\frac{1}{1000}$ $\times 215$.

Fig. 1.



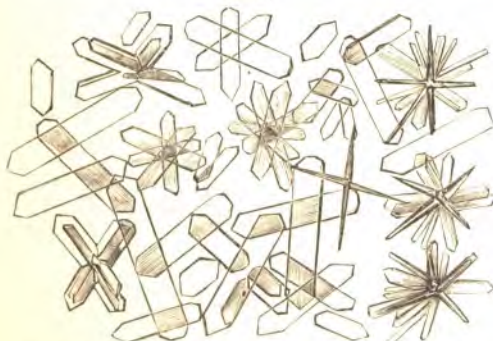
Allxan. $C_8H_2N_2O_4$. Crystallized from an aqueous solution obtained from uric acid. $\times 42$.

Fig. 2.



Allxantin. $C_{10}H_4N_4O_{14} + 6 aq.$ Prepared from uric acid. $\times 130$.

Fig. 3.



Parabanic acid. $C_8H_2N_2O_6$. Obtained from uric acid. $\times 120$.

Fig. 4.



Crystals of creatine. p. 138.

Fig. 5.



Crystals of inosite. p. 280.

Fig. 6.



Lactate of copper. p. 153.

[To face page 140.]

ILLUSTRATIONS OF URINE.



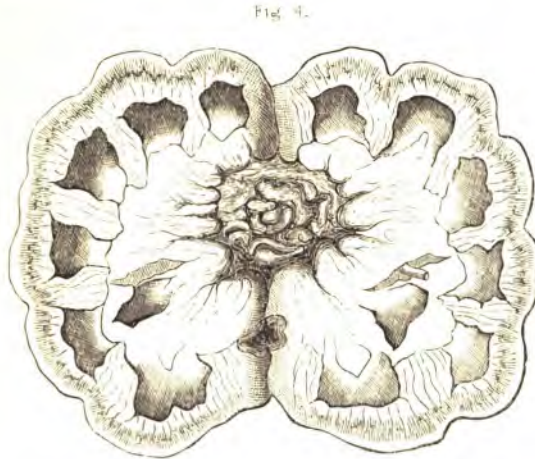
Fructification of *penicillium glaucum*. p. 243.



The sugar fungus from diabetic urine. p. 240.



Fructification of yeast fungus. p. 243.



Human kidney, showing greatly dilated pelvis and calyces, shrunken pyramids, and diminished cortical portion. p. 180.



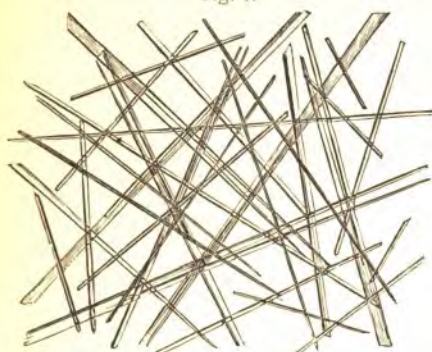
Modification of Mitscherlich's polariscope saccharimeter for determining the proportion of sugar in fluids. p. 251.



Flask adapted for the estimation of carbonic acid gas, used in determining the proportion of sugar in fluids by the fermentation test. p. 252.

ILLUSTRATIONS OF URINE.

Fig. 1.



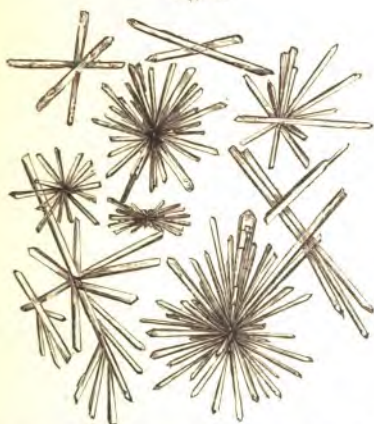
Alloxanic acid. $C_6H_4N_2O_{10}$. $\times 130$

Fig. 2.



Oxaluric acid. $C_6H_4N_2O_8$. $\times 210$

Fig. 3.



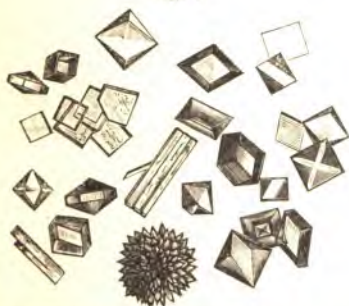
Oxalurate of ammonia. $NH_3, C_6H_4N_2O_8$. $\times 42$. p. 103

Fig. 4.



Oxalurate of lime. $CaO, C_6H_4N_2O_8 + aq$. $\times 42$

Fig. 6.



Oxalurate of magnesium. $MgO, C_6H_4N_2O_8 + aq$. $\times 215$

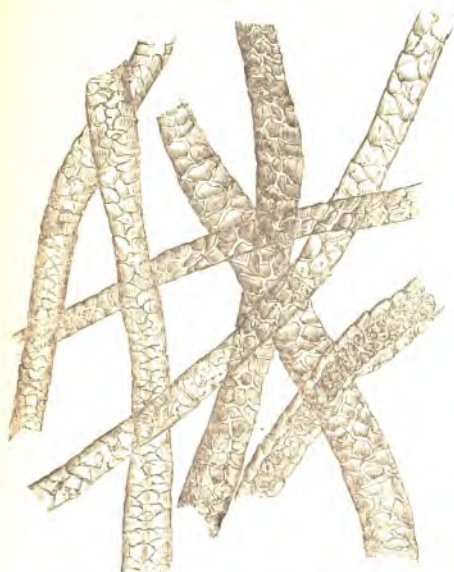
Fig. 5.



Uramide. $C_6H_5N_3O_9$. $\times 180$

URINARY DEPOSITS.—EXTRANEEOUS MATTERS.

Fig. 1.

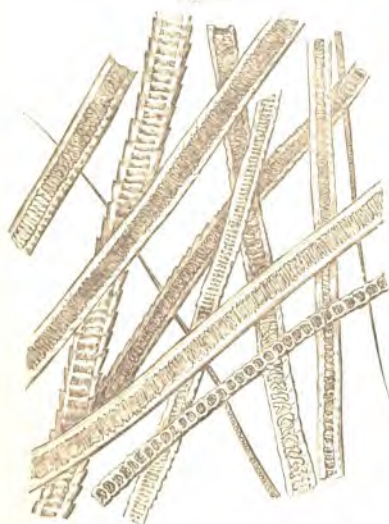


Fragments of hairs from a blanket. $\times 130$ p. 30.

Fig. 2.



Fragments of human hair. In two the central cores occupied with the soft cells of the medulla are represented. $\times 130$ p. 30.



Fragments of cat's hair. Some of them near the apices and others close to the root of the hair. $\times 130$ p. 30.



Fragments of silk. *a*, white silk; *b*, black silk. $\times 100$ p. 30.



Scabs of moth. $\times 575$ p. 30.

Scale of surface \square $\times 100$
 do do \square $\times 500$

[D. face page 30.]

URINARY DEPOSITS.—EXTRANEOUS MATTERS.

Fig. 6.



Catenae fibres. — seen single fibre in the upper part of the figure is seen to be twisted round a larger one. $\times 215$. p. 294.

Fig. 7.



Portions of flax fibres. $\times 215$. p. 294.

Fig. 8.



Portions of feathers. The knotted pieces represented are obtained from the lower part of the shaft of the feather. $\times 215$. p. 294.

Fig. 9.



Fibres of deal wood swept from the floor. $\times 210$. p. 295.

Fig. 10.



Elements of dust swept from a shelf. $\times 215$. p. 295.

$\frac{1}{1000}$ of an inch  $\times 215$.

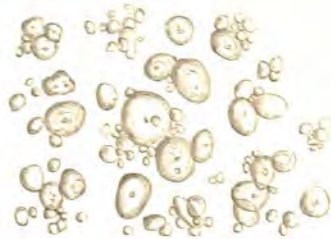
URINARY DEPOSITS.—EXTRANEOUS MATTERS.

Fig. 11.



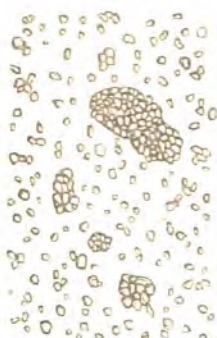
Potato starch. (In its natural state.)
x 50. p. 100.

Fig. 12.



Wheat starch granules. (In its natural state.)
x 50. p. 100.

Fig. 13.



Bread crumbs in water. (In its natural state.)
x 50. p. 100.

Fig. 14.



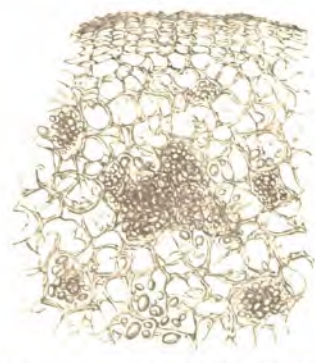
Testa and inner tunics of the wheat grain.
x 150. p. 100.

Fig. 15.



Bread crumbs in water. The starch granules are swollen and softened, and are appearing more rounded.
x 50. p. 100.

Fig. 16.



Cells of tissue of potato, in which the starch is contained. A few of the cells are filled with starch granules. x 100. p. 100.

1. Area of 100 grains 1. x 100.

2. Area of 100 grains 1. x 100.



Fig. 17.



A portion of testis. Fragments of spiral vessels are seen projecting from several parts of the mass. $\times 215$. p. 296.

Fig. 18.



Uric acid urates. Appearance in water. $\times 215$.

Fig. 19.



Uric acid globules. Some free and some contained in cells. $\times 215$.

Fig. 20.



Uric acid globules. Mink. $\times 215$. p. 306.

Fig. 21.



Globules consisting of phosphate or lime. From. $\times 215$.

Fig. 22.



Group of various urinary deposits frequently met with in urine. $\times 215$.

Fig. 23.



Epithelium and fluid from the mouth. $\times 215$. p. 307.

Fig. 24.



Portions of partially dissected striped muscles. From rabbit. $\times 215$. p. 307.

Fluid of an artery. $\times 215$.

(To face page 30).



URINARY DEPOSITS.

Fig. 25.



Urate of soda, obtained by concentrating healthy urine. $\times 215$. p. 297.

Fig. 26.



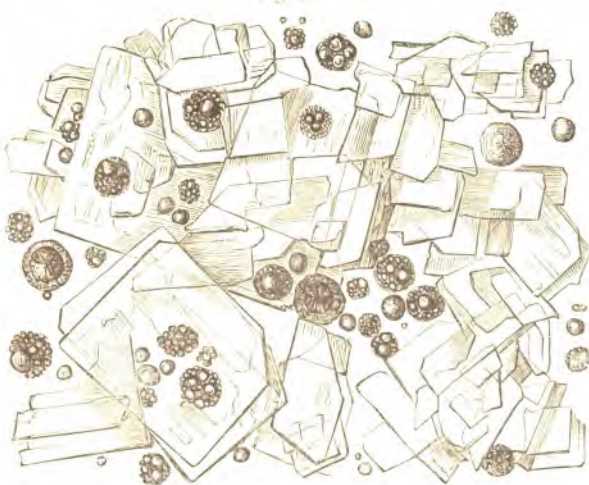
Molecular fatty matter of chylous urine. p. 299.

Fig. 27.



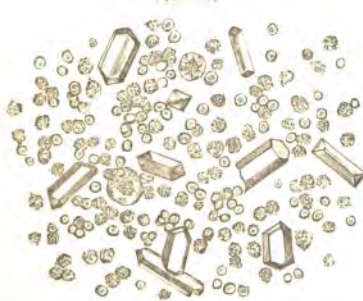
Urate. Ordinary granular deposit, usually termed urate of ammonia. p. 297.

Fig. 28.



Crystals of cholesterol, obtained from the fatty matter in casts separated from the urine in a case of fatty degeneration of kidneys. $\times 215$. p. 311.

Fig. 29.



Pus and blood corpuscles, with crystals of triple phosphate, from the urine of a man suffering from fungus growths connected with the mucous membrane of the bladder. $\times 215$. p. 315.

Fig. 30.



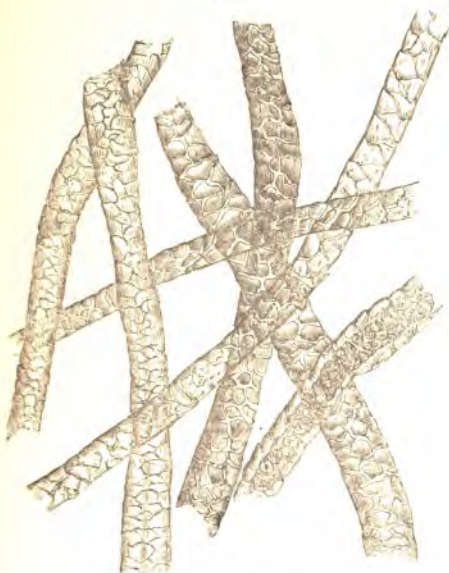
Globules of milk. $\times 250$.

Urate of ammonia. $\times 215$.

Urate of ammonia. $\times 215$.

URINARY DEPOSITS.—EXTRANEEOUS MATTERS.

Fig. 1.



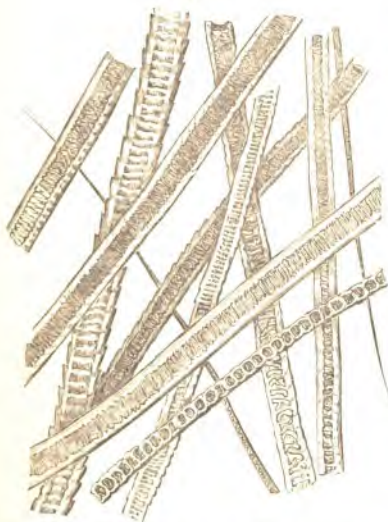
Fragments of hairs from a blanket. $\times 100$. p. 30.

Fig. 2.



Fragments of human hair. In one the central canal occupied with the soft cells of the medulla is here visible. $\times 100$. p. 31.

Fig. 3.



Fragments of cat's hair. Some of them near the apex, and others close to the root of the hair. $\times 100$. p. 34.

Fig. 4.



Fibres of silk. a. White silk. b. Black silk. $\times 110$. p. 32.

Fig. 5.

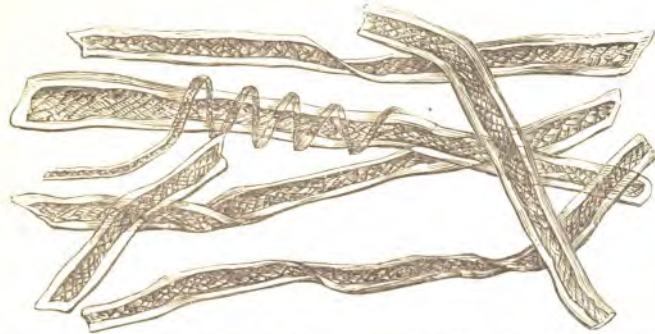


Fig. 5. (cont.) $\times 115$. p. 33.

1/1000 of an inch. $\times 100$.

URINARY DEPOSITS.—EXTRANEEOUS MATTERS.

Fig. 6.



Portions of cotton threads. A very small one in the upper part of the figure is seen to be twisted round a larger one. $\times 215$. p. 294.

Fig. 7.



Portions of flax fibres. $\times 215$. p. 294.

Fig. 8.



Portions of feathers. The knotted pieces represented are of from the lower part of the shaft of the feather. $\times 215$.

Fig. 9.



Fibres of deal wood swept from the floor. $\times 215$. p. 295.

Fig. 10.



Elements of dust swept from a shed. $\times 215$. p. 295.

Scale of an inch --- $\times 215$.

(To face.)



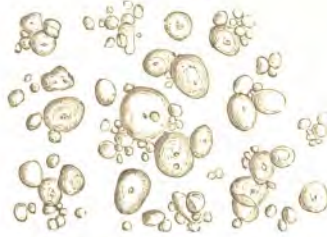
URINARY DEPOSITS.—EXTRANEOUS MATTERS.

Fig. 11.



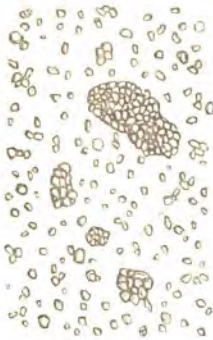
Potato starch. Its appearance in water.
x 715 p. 399

Fig. 12.



Wheat starch in water. x 215. p. 399.

Fig. 13.



Fusiform starch. x 715. p. 399.

Fig. 14.



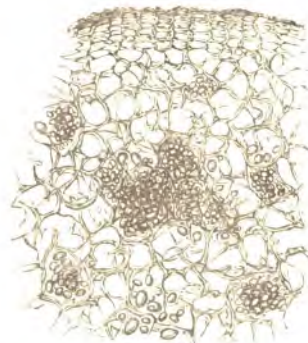
Testa and inner tunics of the wheat grain.
x 130 p. 399.

Fig. 15.



Bread crumbs in water. The starch granules are swollen and softened, but still preserve their form.
x 16. p. 399.

Fig. 16.



Cells of tissue of potato, in which the starch is contained. A few of the cells are filled with starch granules. x 40. p. 399.

Fig. 17.



A portion of testis. Fragments of spiral vessels are seen protruding from several parts of the margin. $\times 215$. p. 208.

Fig. 18.



Air bubbles. Appearance in water. $\times 215$.

Fig. 19.



Oil globules. Some free and some contained in cells. $\times 215$.

Fig. 10.



Oil globules. Mdk. $\times 215$. p. 208.

Fig. 11.



Globules consisting of phosphate of lime. Fine. $\times 215$.

Fig. 12.



Group of urinary deposits and tissues, including elongated structures, small circular elements, and fibrous material. $\times 215$.

Fig. 13.



Epithelium and lung from the mouth. $\times 215$. p. 207.

Fig. 14.



Portions of partially digested striped muscle. From X-ray. $\times 215$. p. 207.

Tag of an inch. $\times 215$.

(See page 208.)



URINARY DEPOSITS.



Fig. 25.
Urates of soda obtained by concentrating healthy urine. $\times 251$. p. 287.



Fig. 26.
Molecular fatty matter of chylous urine. p. 288.



Fig. 27.
Urates. Ordinary granular deposit, usually termed urate of ammonia. p. 287.

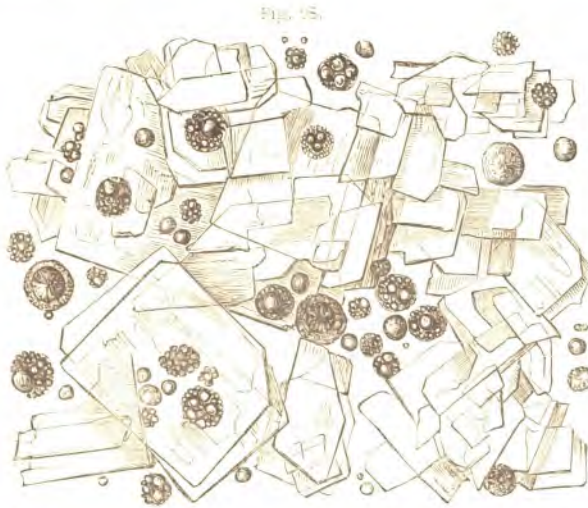


Fig. 28.
Crystals of cholesterine, obtained from the fatty matter in casts separated from the urine of a case of fatty degeneration of kidneys. $\times 714$. p. 311.

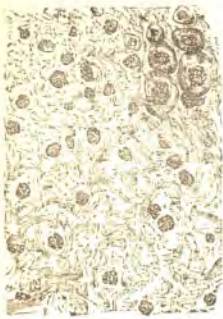


Fig. 29.
Pus and blood corpuscles, with crystals of triple phosphate, from the urine of a man suffering from fungus growths connected with the mucous membrane of the bladder. $\times 215$. p. 318.



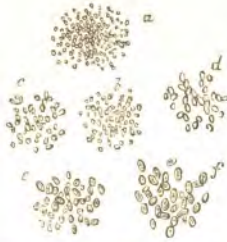
Fig. 30.
Oil globules of milk. $\times 251$.

Fig. 31.



Mucus and mucus composing urine. In the upper part of the fig. to the right several cells of bladder epithelium are represented. $\times 415$.

Fig. 32.



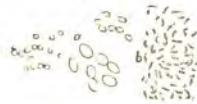
Penicillium glaucum, developed in and urine. *a*, within twelve hours after the urine was passed; *b*, one day after; *c*, two days after; *d*, four days after; *e*, five days after; *f*, after standing six days. *p* 320.

Fig. 33.



Algae and vibrios from urine three days after it was passed. $\times 403$.

Fig. 34.



Various organisms met with in urine. *a*, different forms of fungi; *b*, vibrios. $\times 415$.

Fig. 35.



Bacteria in the epithelial cells of the vagina. $\times 300$.

Fig. 37.



The same. $\times 1000$.

Fig. 38.



The same. $\times 1000$.

Fig. 39.



Penicillium glaucum, found in diabetic urine two days after it was passed. $\times 215$.

Fig. 40.



Penicillium glaucum, from acid urine. $\times 215$.

Fig. 41.



Penicillium glaucum, from acid urine. $\times 215$.

Fig. 42.

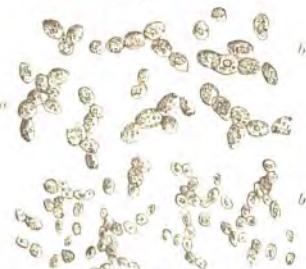


Penicillium glaucum, from acid urine. $\times 215$.

Fig. 43.



The sugar masses from diabetic urine. *p* 333.



Yeast added to diabetic urine, and allowed to stand in a warm place forty-eight hours. Showing growth of the torula. *p* 333. *a* $\times 215$, *b* $\times 100$.

From 100 to 200 $\times 100$, $\times 100$, $\times 100$, $\times 100$, $\times 100$, $\times 100$, $\times 100$, $\times 100$, $\times 100$, $\times 100$.

$\times 150$.

[To face page 333.]

Fig. 4.



Crystallization of uric acid. p. 304.

Fig. 5.



Crystallization of uric acid. Several spermatozoa are seen amongst the branching filaments. X 700.

Fig. 7.



Crystallization of uric acid. p. 304.

Fig. 12.



Crystallization of uric acid. (Bull.) Deposited in urine, from the same source as that of Fig. 5. X 700.

Fig. 13.



Crystallization of uric acid. Same specimen as Fig. 12. X 700.

Fig. 14.



Spermatozoa and uric acid. Crystallization of uric acid. X 700.

Fig. 15.



Crystallization of uric acid. Same specimen as Fig. 12. X 700.

Fig. 16.



Crystallization of uric acid. X 700.



Crystallization of uric acid. Same specimen as Fig. 12. X 700.



Crystallization of uric acid. Same specimen as Fig. 12. X 700.

Crystallization of uric acid. Same specimen as Fig. 12. X 700.

Crystallization of uric acid. Same specimen as Fig. 12. X 700.

PRIMARY DEPOSITS.—EPITHELIUM.



Epithelium from the convoluted portion of the urinary tube *a*, treated with acetic acid. $\times 215$.



Epithelium from the
pelvis of the human
kidney. X 215.

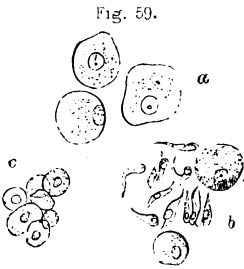


Epithelium from the
ureter. $\times 215$.

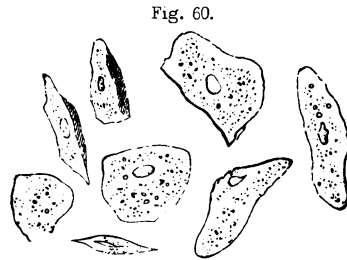


Epithelium from the
urethra. X 215.

p 327.



Bladder epithelium. *a*, from the general surface. *b*, from the fundus. *c*, scaly epithelium from the bladder. $\times 215$. p. 37.



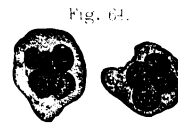
Vaginal epithelium from urine. X 215. p. 338.



Epithelium from the bladder, showing the hollows in some of the large cells into which the subjacent columnar cells fit. p. 327



Epithelium from the vagina. p. 528.

⁵ The specific values of the field and angular division: $\times 500$, $\pm 32^\circ$.

maturation of pus from germinal matter of epithelial cells.
X 215. p. 326

radio of an inch $\times 250$.

$$\dots \times 7(1).$$

(To face page 325.



Fig. 65.



Membranous substance passed with a blood clot during the menstrual period, probably from the vagina. From a preparation of Dr. Tilt's.

Fig. 66.

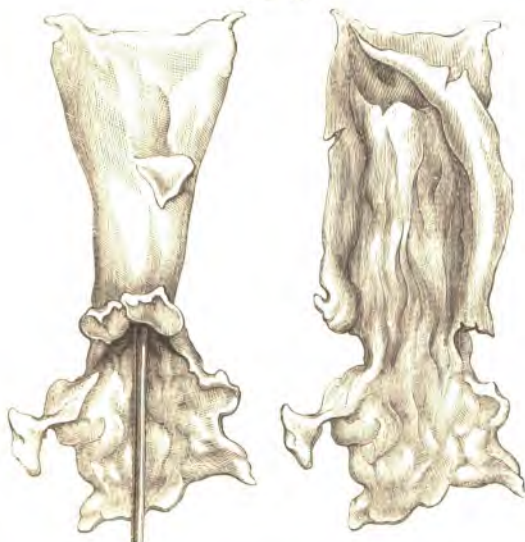


Fig. 67.



Two fragments of a cast passed by a lady, age 25. These are composed entirely of epithelium.

Fig. 68.



Drawing the uterus and vagina (the hollow cavity adjoining to the former cavity) being inserted. From a drawing by Dr. Vannom, at Singapore.

URINARY DEPOSITS.

Fig. 25.



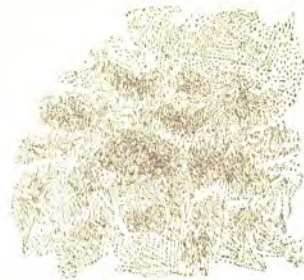
Urate of soda obtained by concentrating healthy urine. $\times 212$. p. 297.

Fig. 26.



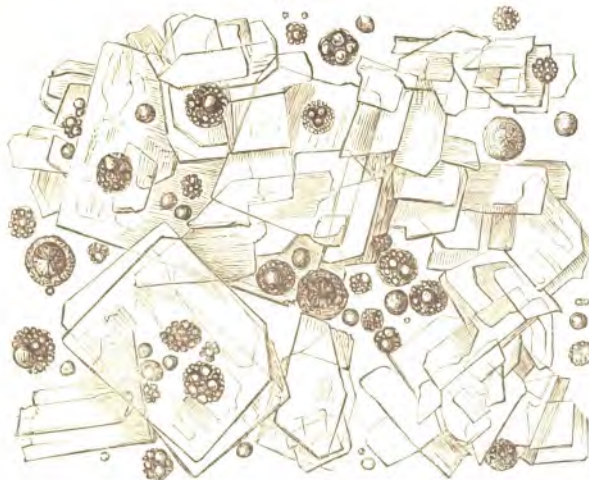
Molecular fatty matter of chylous urine. p. 299.

Fig. 27.



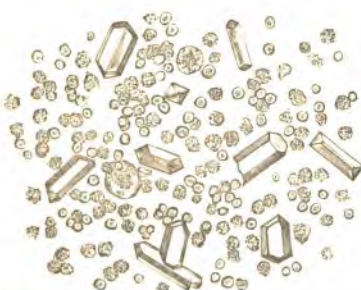
Urate. Ordinary granular deposit, usually termed urate of ammonia. p. 297.

Fig. 28.



Crystals of cholesterol, obtained from the fatty matter in casts separated from the urine of a case of fatty degeneration of kidneys. $\times 212$. p. 311.

Fig. 29.



Pus and blood corpuscles, with crystals of triple phosphate, from the urine of a man suffering from fungus growths connected with the mucous membrane of the bladder. $\times 212$. p. 318.

Fig. 30.



Oil globules of milk. $\times 212$.

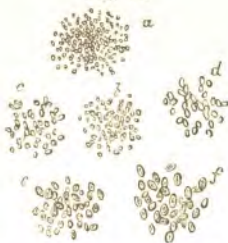
Scale of an inch  $\times 212$.

Fig. 31.



urine and mucous corpuscles. In the upper part of the fig. to the left several cells of bladder epithelium are represented. $\times 415$. p. 315.

Fig. 32.



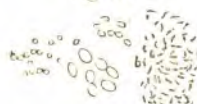
Penicillium glaucum, developed in acid urine. *a*, within twelve hours after the urine was passed; *b*, one day after; *c*, two days after; *d*, four days after; *e*, five days after; *f*, after standing six days. p. 322.

Fig. 33.



Algae and vibrios from urine three days after it was passed. $\times 403$.

Fig. 34.



Vegetative organisms met with in urine. *a*, different forms of fungi; *b*, vibrios. $\times 415$.

Fig. 35.



Bacteria germs in old epithelial cells of the mouth. $\times 3000$.

Fig. 37.



The same. $\times 3000$.

Fig. 38.



The same. $\times 3000$.

Fig. 39.



Penicillium glaucum, found in diabetic urine one day after it was passed. $\times 215$.

Fig. 40.



Penicillium glaucum, from acid urine. $\times 215$.

Fig. 41.



Penicillium glaucum. $\times 215$.

Fig. 42.



Penicillium glaucum, from acid urine. $\times 215$.

Fig. 43.



The sugar fungus from diabetic urine. p. 333.

1 inch $\times 15$.

$\times 150$.

$\times 150$.

Fig. 44.



Yeast added to diabetic urine, and allowed to stand in a warm place forty-eight hours, showing growth of the fungus. p. 333.

$\times 215$ $\times 400$

$\times 150$.

[To face page 5]

Fig. 45.



Fermentation of yeast fungus.
p. 24.

Fig. 46.



Same formed in acid urine. Several spermatozoa are seen amongst the tangled filaments. $\times 700$.

Fig. 47.



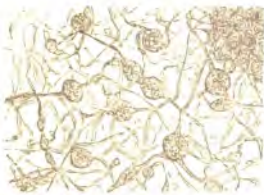
Fructification of penicillium glaucum. p. 323.

Fig. 48.



Microscopic illustration. The least spermatozoa are seen. Fructified in urine, from one patient. $\times 400$.

Fig. 49.



Same formed in acid urine. Same patient as Fig. 48. $\times 400$.

Fig. 50.



Spermatozoa in urine containing these corpuscles. $\times 215$.

Fig. 51.



Same formed in acid urine. Same patient as Fig. 48. $\times 200$.

Fig. 52.



Penicillium glaucum, from urine. $\times 300$.



Same, from urine, ordinary one. Same vomit. a, starch; b, starch granules partially dissolved and reduced to a paste; c, minute oval bodies, present in vomit containing same; d, starch; e, fat globules; f, starch granules from bread, cracked but not as yet softened. $\times 215$.

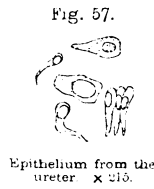
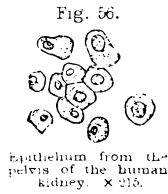
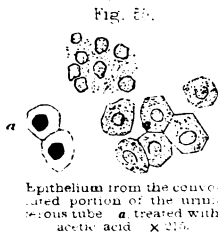


Same, from urine. $\times 215$.

One of an inch $\times 215$.

One of an inch $\times 700$.

URINARY DEPOSITS.—EPITHELIUM.



p. 327.

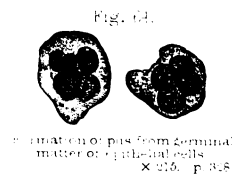
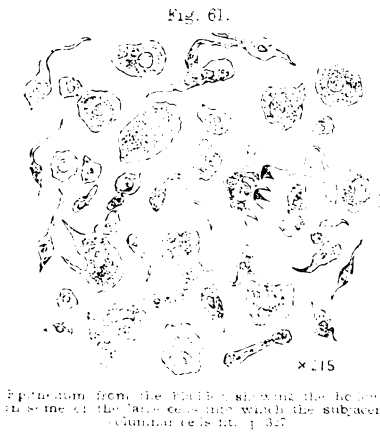
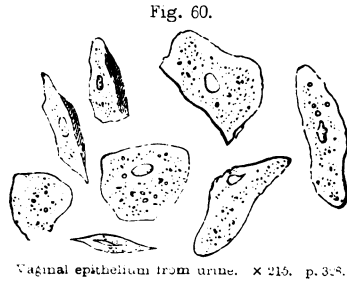
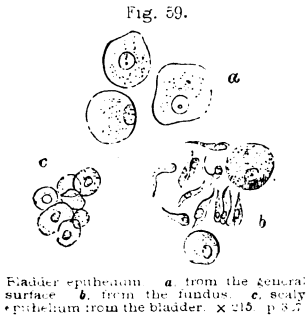


Table of measurements. $\times 200$. $\times 70$.

(To face page 325.)

Fig. 65.



Membranous substance passed with a blood clot during the menstrual period, probably from the vagina. From a preparation of Dr. Tilt's.

Fig. 66.

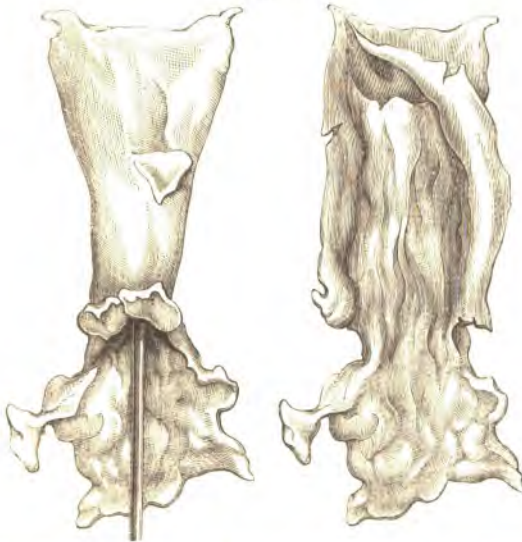


Fig. 67.



Two fragments of a urinary cast passed by a lady, age 35. These are composed entirely of epithelium.

Fig. 68.



Cast with worm and caudal fin removed, showing the internal cavity. (From a drawing by Dr. Vannom, at Florence.)

URINARY DEPOSITS.

PLATE X.

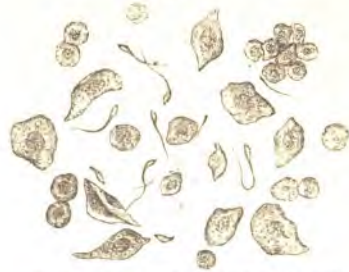
Fig. 69.



x 215

casts of the seminal tubes. Spermatozoa embedded in them.
From an old man upwards of 50 years of age. p. 301

Fig. 70.



spermatozoa and cells of vaginal epithelium,
removed from the vagina of a little girl a few
hours after a rape had been committed.
x 215. p. 330.

Fig. 71.



spermatozoa from urine.
x 215. p. 339.

Fig. 72.



spermatozoa with uric
acid deposited upon them.
x 700. p. 349

Fig. 73.



long narrow threads of viscid mucus, associated with the presence of
spermatozoa in casts of the seminal tubules. From the urine of a case
of slight irritability of the neck of the bladder. x 215. p. 331.

Fig. 74.



x 403

filaments of a vegetable nature resembling
spermatozoa. x 403. p. 331.

1/16th of an inch x 215.

" " 1

Fig. 75.



Body and upper part of the tail of spermatozoa
magnified upwards of 3000 diameters

a, spermatozoon containing much living germinal
matter. b, the same seen edgewise. c, sperma-
tozoon containing comparatively little germinal
matter. d, spermatozoon crushed, showing separate
spherical particles of germinal matter.

p. 339

1 x 333.

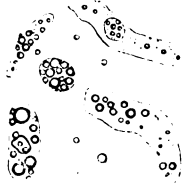
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Fig. 76.



Spermatozoa and crystals of phosphate of lime from the seminal fluid. $\times 250$, p. 39.

Fig. 73.



Casts containing oil globules, and free fat cells from a case of fatty degeneration of the kidney. $\times 215$.

Fig. 71.



Large casts. Some contain many cells, others consisting of a perfectly transparent waxy material. $\times 115$.

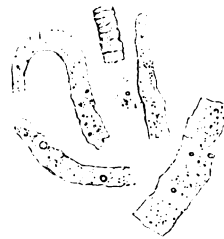
Plate of an ureter, $\times 100$, p. 111.

Fig. 77.



Waxy casts. *a*, of large size. *b*, small waxy casts. $\times 215$.

Fig. 75A.



Small granular casts, from the urine of a patient suffering from chronic nephritis. $\times 115$.

Fig. 51.



Tubular casts. *a*, casts containing cells and epithelium. *b*, casts containing granular material from urine of acute dysentery. $\times 115$.

Plate of ureter, p. 111.

URINARY DEPOSITS.

Fig. 81.



Mucus cast, from the straight portion of the uriniferous tubes, showing the manner in which the large renal tubes divide and subdivide as they pass towards the base of the pyramids. *x 20. p. 341.*

Fig. 82.



Mucus casts, with dark brown urate deposited upon their surface and in their substance. They became quite clear and transparent when warmed. *x 215. p. 342.*

Fig. 83.



Portion of a mucus cast, which has been formed around a smaller and serpentine one. *x 215. p. 342.*

Fig. 84.



Wavy casts of large and small diameter. In the centre of the larger ones casts of small diameter are seen to be embedded. *x 10. p. 310.*

Fig. 85.



Casts containing blood corpuscles, from a case of acute nephritis. *x 215. p. 342.*

$\frac{1}{1000}$ of an inch. [] *x 215.*

[To face page

URINARY DEPOSITS

Fig. 50.



Epithelial and granular casts from the urine of a woman suffering from acute nephritis with dropsy of a fortnight's duration. *a*, epithelial casts, the cells of renal epithelium are very distinct and their nuclei well defined. *b*, casts containing brown granular matter and blood corpuscles. *c*, granular casts of a brown colour, many of them containing a few oil globules. *d*, squamous epithelium from the vagina. *e*, epithelium from the bladder. *f*, cells containing oil globules. *g*, portion of a cast containing oil globules. *h*, epithelial granular cells, probably altered renal epithelium. *i*, fibre of flax or accidental substance. *k*, blanket hair. $\times 215$. p. 347.

Fig. 51.



Casts from a case of chronic nephritis. *a*, dark granular casts; *b*, casts containing small granular cells and white blood corpuscles. *c*, waxy casts, consisting of a perfectly clear glistening material. *d*, large cast, flattened by pressure, containing white blood corpuscles. *e*, portion of a cast containing a large cell filled with oil globules. *f*, pus corpuscles, probably derived from the bladder. *g*, collections of small oil globules. *h*, large cell containing smaller cells in the interior. Of the nature of this I am ignorant, but I have observed such in several specimens of urine. *i*, portions of cotton fibre. *k*, piece of very thin human hair. *l*, fragment of flax. $\times 215$. p. 347.

$\frac{1}{16}$ inch $\times 215$.

[To face page 446]

URINARY DEPOSITS.

Fig. 88.



Casts, and discharges from the kidney.

Casts from the urine of a man, aged 45, suffering from acute inflammation of the kidneys. There was very slight oedema of the legs. The patient died comatose three weeks after the first symptoms appeared. The urine contained so much albumen that it became perfectly solid upon the application of heat and after the addition of nitric acid.

a, perfectly transparent wax-like casts. The shading should be more faint than in the drawing. *b*, a very long cast, consisting of material deposited at two different periods; the original cast in the interior was probably forced a certain distance further down the uriniferous tube, when a new layer of the coagulable material was deposited around it. *c*, casts filled with cells closely resembling pus corpuscles, but somewhat larger. *d*, the same cells free in considerable number; the greater part of the deposit consisted of these cells. *e*, portion of leather. *f*, piece of cotton fibre. *g*, portion of human hair. *h*, flax fibre.
Z. 218. pp. 314, 315.

Scale of an inch 1" x 216.

[To face page

URINARY DEPOSITS.

Fig. 59.



Cast: Urinary Deposits.

a. casts of large diameter, containing granular matter scattered through them unequally. b. a very long, clear and perfectly transparent cast, containing only a few minute oil globules here and there. c. dark granular casts, some of them containing a few oil globules. d. large masses of granular matter, many of them appearing like granular cells. Most of these are derived from the mucous membrane covering the glans. e. cells of renal epithelium, darker and more granular than usual. f. mass of squamous epithelium, probably from one of the follicles of the mucous membrane of the bladder. g. free oil globules. h. portions of cotton fibre. i. portions of leather. $\times 215$. pp. 343-349.

$\frac{1}{1000}$ of an inch $\times 215$.

(To face page 7)

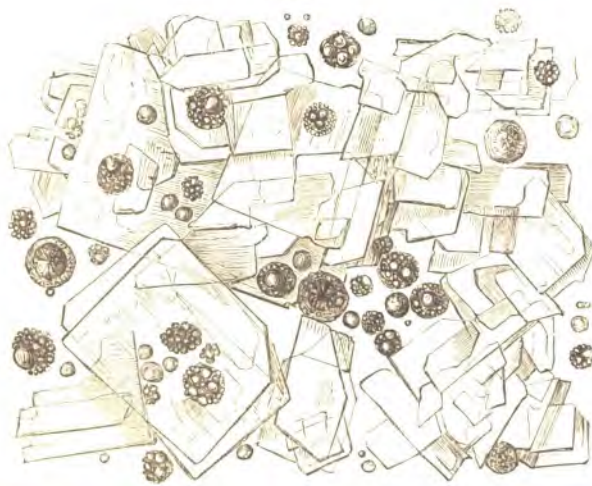
URINARY DEPOSITS.

Fig. 90.



Crystals resembling oil from the urine of a case of fatty degeneration of the kidney of *leont. asiaticus*. Many cells of epithelium contain no oil. $\times 215$.

Fig. 91.



Crystals obtained from the fatty matter in casts separated from the urine of a case of fatty degeneration of the kidney. Globules composed of non-crystallizable fat only are seen scattered in various parts of the field. $\times 215$.

1/1000 of an inch () $\times 315$.

[To follow P. 28]

Fig. 97.



Cellular deposit, usually termed struvite or phosphate, but consisting of uric acid, lime, and magnesium. x 915. p. 351.

Fig. 98.



Struvite or phosphate, prepared artificially. x 915. p. 351.

Fig. 99.



Struvite or phosphate, prepared artificially. x 915. p. 351.

1000 1/2 an inch 1 x 1

Fig. 100.



Struvite or phosphate, prepared artificially. x 915. p. 351.

Fig. 101.



Struvite or phosphate, prepared artificially. x 915. p. 351.

Fig. 102.



Struvite or phosphate, prepared artificially. x 915. p. 351.

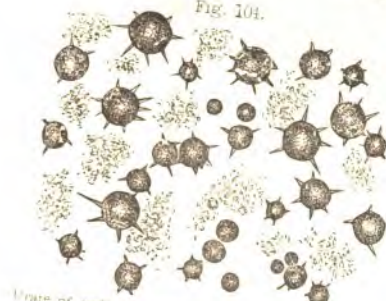
Fig. 103.



Struvite or phosphate, prepared artificially. x 915. p. 351.

To face page 351.

Fig. 104.



Uric acid in spherical masses from various parts of which minute acicular crystals of uric acid project. $\times 210$. p. 334.

Fig. 105.



Uric acid in a spherical form, commonly found in the urine of children. $\times 210$. p. 332.

Fig. 106.



Crystals of ammonio-magnesian phosphate, with urates, mucus and purifications. From a case of catarrh of the bladder of a man age 40. Three years' standing. p. 335.

Fig. 107.



Diagrammatic crystals of triple phosphate showing their form. p. 336.

Fig. 108.



Triple or ammonio-magnesian phosphate, from urine. $\times 210$.

Fig. 109.



Uric acid crystals in a network. $\times 210$. p. 333.

Fig. 110.



Uric acid crystals in a network. $\times 210$. p. 333.

Uric acid crystals in a network. $\times 210$.

Uric acid crystals in a network. $\times 210$.





Fig. 112. Crystals of uric acid, some of which have been formed by the addition of ammonia to urine. The crystals being rapidly dissolved by concentrated lactic acid, together with the most. In however, these remained for some time in the urine they would gradually become the granular form. The more highly magnified drawing of one of the arms of a crystal in the upper part of the figure shows how this characteristic granular appearance. $\times 350$. p. 350.



Fig. 113. Crystals of uric acid in urine, some of which are usually met with in urine. $\times 350$. p. 350.



Fig. 114. Crystals of uric acid, some of which have been formed by the addition of ammonia to urine. The crystals being rapidly dissolved by concentrated lactic acid, together with the most. In however, these remained for some time in the urine they would gradually become the granular form. The more highly magnified drawing of one of the arms of a crystal in the upper part of the figure shows how this characteristic granular appearance. $\times 350$. p. 350.



Fig. 115. Crystals of uric acid, some of which have been formed by the addition of ammonia to urine. The crystals being rapidly dissolved by concentrated lactic acid, together with the most. In however, these remained for some time in the urine they would gradually become the granular form. The more highly magnified drawing of one of the arms of a crystal in the upper part of the figure shows how this characteristic granular appearance. $\times 350$. p. 350.



Fig. 116. Crystals of uric acid, some of which have been formed by the addition of ammonia to urine. The crystals being rapidly dissolved by concentrated lactic acid, together with the most. In however, these remained for some time in the urine they would gradually become the granular form. The more highly magnified drawing of one of the arms of a crystal in the upper part of the figure shows how this characteristic granular appearance. $\times 350$. p. 350.



Fig. 117. Crystals of uric acid, some of which have been formed by the addition of ammonia to urine. The crystals being rapidly dissolved by concentrated lactic acid, together with the most. In however, these remained for some time in the urine they would gradually become the granular form. The more highly magnified drawing of one of the arms of a crystal in the upper part of the figure shows how this characteristic granular appearance. $\times 350$. p. 350.

Fig. 92.



Casts of the uriniferous tubes, from a case of acute nephritis. x 250. pp. 345, 346

Fig. 93.



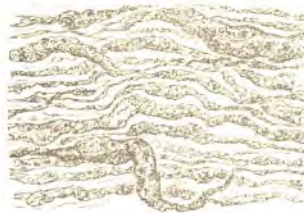
Contents of a cast containing albumen and growing white blood corpuscles. (See description p. 346) x 250.

Fig. 94.



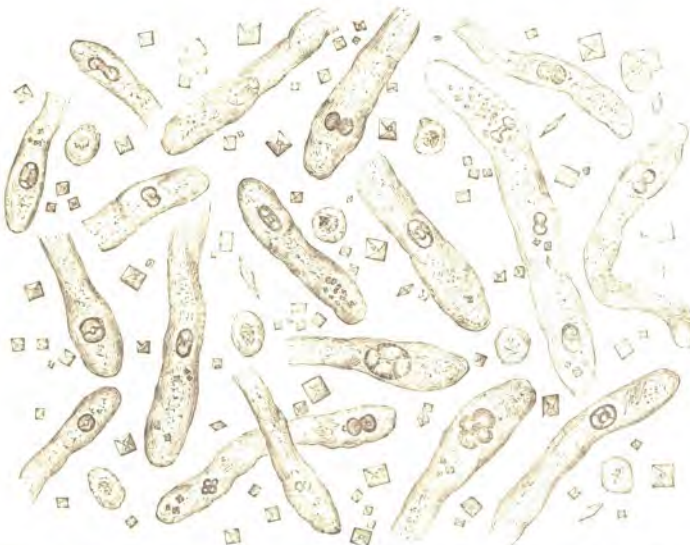
Section of a cast with distinct cells, probably altered white blood corpuscles. x 250.

Fig. 95.



Atrophied and wasted uriniferous tubes from a kidney. No casts could be formed in these tubes. (p. 347)

Fig. 96.



Dumb-bell crystals in casts, showing that these curious crystals are formed in the uriniferous tubes. From the urine of a case of cholera. The specimen containing these casts was the first portion passed after eighteen hours complete suppression. It contained a mass of albumen. Tetrahedra were present in the surrounding fluid. x 250.

p. 341

$\frac{1}{1000}$ of an inch [] x 250.

To the Hon. Secy. of the Navy

URINARY DEPOSITS.

Fig. 97.



Granular deposit, usually termed uric acid, but consisting of uric acid with small quantities of uric acid, lime, and magnesia. $\times 215$. p. 361.

Fig. 98.



Urate of soda, prepared artificially. $\times 215$. p. 361.

Fig. 99.



Urate of soda and lime or triple phosphate, viewed on the surface of a central home. p. 361.

Fig. 100.



Urate of ammonia, prepared artificially. $\times 215$. p. 361.

Fig. 101.



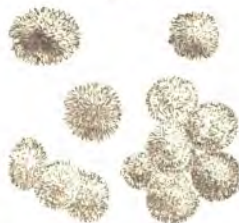
Urate of soda, with crystals of uric acid. From a case of uric acid (uric acid) layer, sent by Dr. Kennon, of Harrogate. $\times 215$. p. 362.

Fig. 102.



Urate of ammonia, prepared artificially. $\times 215$. p. 361.

Fig. 103.

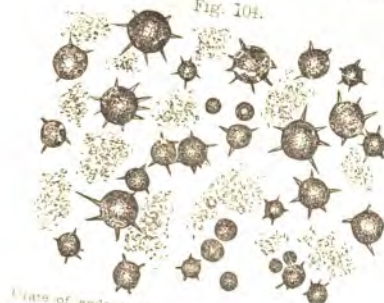


Urate of ammonia, prepared artificially. $\times 215$. p. 361.

Scale of an inch $\frac{1}{10}$ $\times 215$

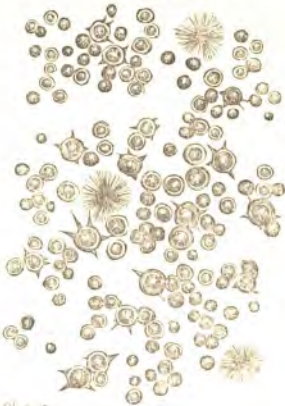
[To face page 362]

Fig. 104.



Mass of soda in spherical masses from various parts of which minute acicular crystals of uric acid project. $\times 215$. p. 352.

Fig. 105.



Mass of soda in a fibular form, commonly found in the urine of children. $\times 215$. p. 352.

Fig. 106.



Crystals of ammonio-magnesian phosphate, with urates, mucus and red corpuscles. From a case of catarrh of the bladder of a man age 40. Three years' standing. p. 355.

Fig. 107.



Diagrammatic crystals of triple phosphate showing their form. 1 line.

Fig. 108.



Crystals of ammonio-magnesian phosphate, from aged urine. $\times 215$.

Fig. 109.



Fig. 103.



Mass of uric acid, from aged urine. $\times 215$.

Urates, mucus and red corpuscles. From a case of catarrh of the bladder of a man age 40. Three years' standing. p. 355.

Fig. III.



Microscopic views of uric acid ammonium-magnesium phosphate, and spherules of uric acid of 2000
p. 110, pp. 353, 360.

Fig. III.



Microscopic views of uric acid ammonium-magnesium phosphate, $\text{C}_2\text{H}_8\text{N}_4\text{O}_6$, Fig. 4, 1849. In the form of transparent prisms with some
angular extremities, as they frequently occur in urine. In many cases the crystals are half-solvent,
showing the shell of the crystal in so much that the two rectangular extremities are well separated
apart, and the object, without care, might be mistaken for an ammonium
urate, p. 445. See also p. XXXII, for 1849.

100 of all parts in 1000 of 1000



Fig. 119.



Phosphate of lime crystallized in the form of sand-like plates. $\times 416$, p. 363.

Fig. 120.



Two forms of phosphate of lime mentioned in Formulae. $\times 516$, p. 365.

Fig. 121.



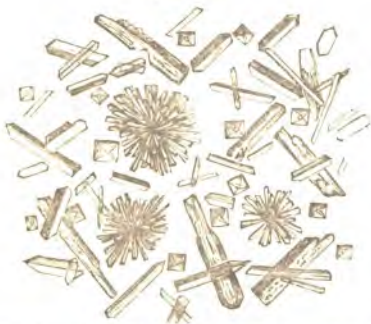
Crystals of triple phosphate and phosphate of lime. $\times 350$, p. 367.

Fig. 122.



Phosphate of lime. From urine. $\times 480$, p. 368.

Fig. 123.



Phosphate and oxalate of lime, from the urine of a young man enjoying good health, but taking little exercise. $\times 216$, p. 368.

Fig. 124.



Deposit from the urine of a man suffering from gouty kidney, consisting of a granular form of phosphate of lime, with granular cells and cells containing oil. $\times 350$, p. 370.

Scale of an inch \square $\times 416$.

Fig. 124. $\times 350$.

Fig. 97.



uric acid deposit, usually tested
by the addition of ammonia, for conversion
into urate of soda with small quantities of
uric acid, time and ammonia
x 215. p. 351

Fig. 98.



Urate of soda, prepared artificially. x 215. p. 351.

Fig. 99.



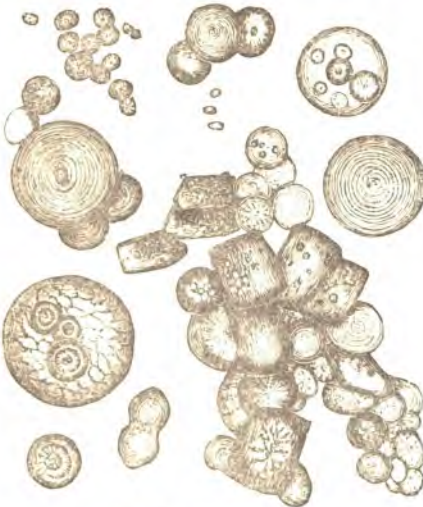
Uric acid and urate of triple phosphate,
formed on the surface of concentrated urine.
p. 350.

Fig. 100.



Uric acid prepared artificially. x 215. p. 351.

Fig. 101.



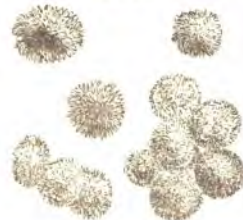
Uric acid with crystals of uric acid. From a
case of uric acid in the urine, sent by Dr. Kenyon, of
Lancaster. x 215. p. 352.

Fig. 102.



Urate of ammonia, prepared
artificially. x 215. p. 351.

Fig. 103.



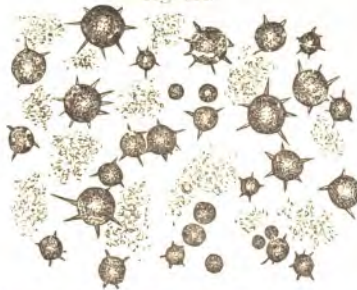
Uric acid prepared artificially.
x 215. p. 351.

Scale of an inch. [] x

To face page 351

URINARY DEPOSITS.

Fig. 104.



Urate of soda in spherical masses from various parts of which minute petalular crystals of uric acid project. $\times 215$. p. 312.

Fig. 105.



Crystals of ammonio-magnesian phosphate with urates, uric acid and pus corpuscles. From a case of catarrh of the bladder of a man æt 40. "After seven years' standing." p. 335.

Fig. 106.



Urate of soda, prepared artificially. $\times 215$. p. 312.

Fig. 107.



Urate of soda in a globular form, commonly found in the urine of children. $\times 215$. p. 312.

Fig. 108.



Prismatic crystals of triple phosphate, showing their form. p. 335.

Fig. 109.



Crystals of ammonio-magnesian phosphate, artificially made. $\times 215$.

Fig. 110.



Crystals of uric acid, ammonio-magnesian phosphate, from catarrh. $\times 215$. p. 335.

Fig. 10.



crystals of uric phosphate formed in the bladder of a female patient. The crystals being mostly developed from phosphatic urine, containing very little acid. It however, being retained for some time in the bladder, would probably assume the prismatic form. The immediately modified character of one of the druse is apparent in the upper part of the figure, where this class is very minute. (See also Plate XX, p. 325.)

Fig. 11.



Crystals of phosphate of lime, (See also Plate XX, p. 325.)

Fig. 12.



Mixture of uric acid and phosphate of lime, (See also Plate XX, p. 325.)

Fig. 13.



Uric acid, (See also Plate XX, p. 325.)



Uric acid, (See also Plate XX, p. 325.)

Fig. 14.



Uric acid, (See also Plate XX, p. 325.)

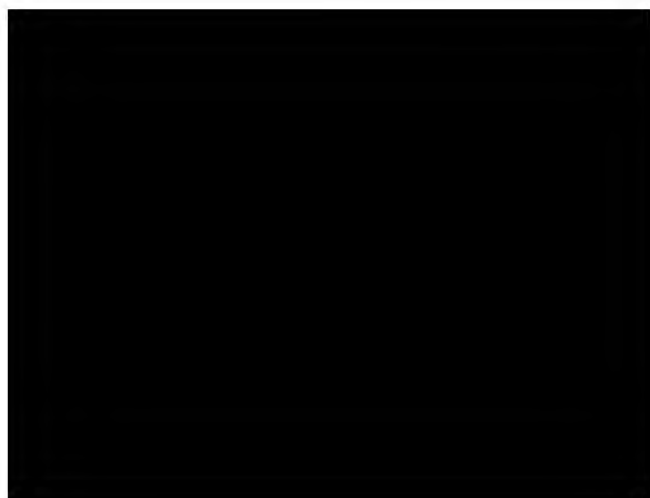


Fig. 119.



Phosphate of lime crystallized in the form of fan-like plates. $\times 214$, p. 328.

Fig. 120.



Two forms of phosphate of lime mounted in Canada balsam. $\times 215$, p. 328.

Fig. 121.



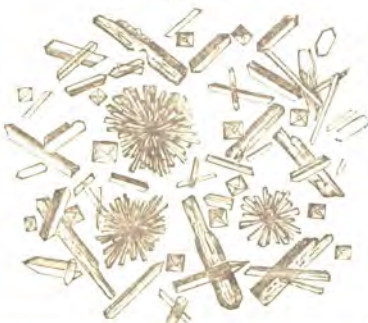
Crystals of triple phosphate and phosphate of lime. $\times 120$, p. 328.

Fig. 122.



Phosphate of lime. From urine. $\times 180$, p. 328.

Fig. 123.



Phosphate and oxalate of lime, from the urine of a young man enjoying good health, but taking little exercise. $\times 215$, p. 328.

Fig. 124.

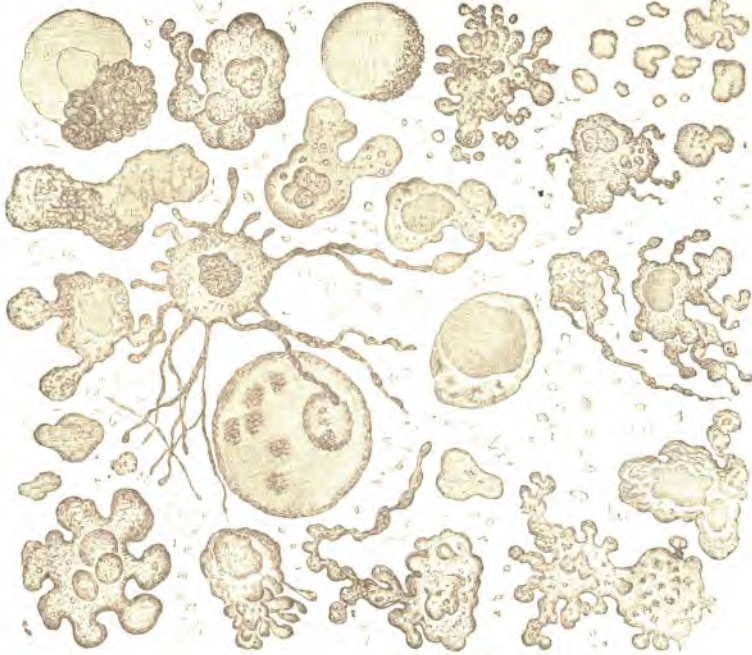


Deposit from the urine of a man suffering from gouty kidney, consisting of a peculiar form of phosphate of lime, with granular casts and cists containing oil. $\times 215$, p. 328.

Value of an inch \square $\times 217$.

(For case page 83.)

Fig. 125.



Pus corpuscles exhibiting very active movements. From the bladder of a patient suffering from chronic inflammation. Showing alterations in form due to (vital) movements. $\times 1000$. p. 394.

Fig. 126.



Pus corpuscles from urine. $\times 215$. p. 391.

Fig. 127.



Pus corpuscles which have been acted upon by acetic acid. $\times 402$. p. 391.

Fig. 128.



Pus corpuscles under the action of acetic acid. a, action commencing. b, complete. $\times 415$. p. 391.

Fig. 129.



Formation of pus from terminal matter or epithelial cells. $\times 215$. p. 392.

Fig. 130.



Pus corpuscles showing prominent processes. $\times 500$. p. 393.

Fig. 131.



Multiplication of pus corpuscles by budding. a, onset of protruding processes from each corpuscle. $\times 500$. p. 393.

Fig. 132.



Growth and multiplication of pus corpuscles. $\times 500$. p. 393.

(To face page 394.)

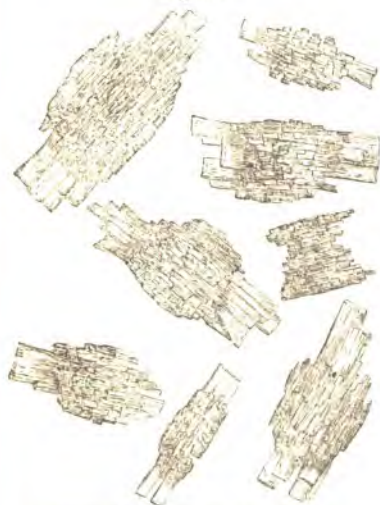
URINARY DEPOSITS

Fig. 133.



Groups of crystals of uric acid, often termed "sawdust" or "pepper grains" with radiating or exfoliated structure. $\times 215$.

Fig. 134.



Clusters of uric acid crystals. $\times 215$.

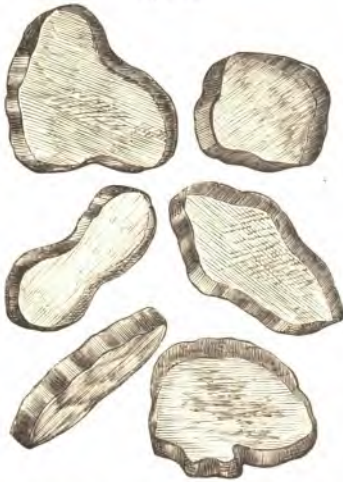
Fig. 135.



Beautiful aggregations of uric acid. $\times 215$.

Fig. 136.

Fig. 136.



Large fiddle-shaped flattened crystals of uric acid
× 130.

Fig. 137.



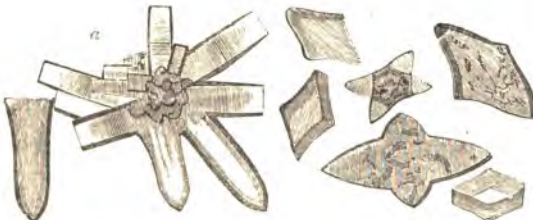
Uric acid from urine × 130.

Fig. 138.



Curious forms of uric acid from urine × 215.

Fig. 139.

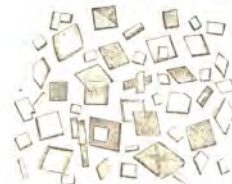


Large bullet-shaped crystals of uric acid. a, cayenne-pepper grain
× 215.

$\frac{1}{1000}$ of an inch () 130.

() × 215.

Fig. 140.



Minute crystals of uric acid
× 215.

Fig. 112.



Uric acid crystals. These are formed on the addition of ammonia to urine. The crystals being slightly depressed and pointed at the base very frequently show the same. In human urine they are not for some time on the addition of water, finding time to assume the prismatic form. The more highly magnified drawings of one of the above of a cuneiform in the upper part of the figure show how this change in crystalline form occurs. $\times 450$ p. 354.

Fig. 114.



Cuneiform of uric acid of human urine, small, not with in urine. $\times 450$ p. 354.

Fig. 115.



Uric acid crystals. These are formed on the addition of ammonia to urine. The crystals being slightly depressed and pointed at the base very frequently show the same. In human urine they are not for some time on the addition of water, finding time to assume the prismatic form. The more highly magnified drawings of one of the above of a cuneiform in the upper part of the figure show how this change in crystalline form occurs. $\times 450$ p. 354.

Fig. 116.



Uric acid crystals. These are formed on the addition of ammonia to urine. The crystals being slightly depressed and pointed at the base very frequently show the same. In human urine they are not for some time on the addition of water, finding time to assume the prismatic form. The more highly magnified drawings of one of the above of a cuneiform in the upper part of the figure show how this change in crystalline form occurs. $\times 450$ p. 354.



Uric acid crystals. These are formed on the addition of ammonia to urine. The crystals being slightly depressed and pointed at the base very frequently show the same. In human urine they are not for some time on the addition of water, finding time to assume the prismatic form. The more highly magnified drawings of one of the above of a cuneiform in the upper part of the figure show how this change in crystalline form occurs. $\times 450$ p. 354.

Fig. 117.



Uric acid crystals. These are formed on the addition of ammonia to urine. The crystals being slightly depressed and pointed at the base very frequently show the same. In human urine they are not for some time on the addition of water, finding time to assume the prismatic form. The more highly magnified drawings of one of the above of a cuneiform in the upper part of the figure show how this change in crystalline form occurs. $\times 450$ p. 354.

Uric acid crystals. These are formed on the addition of ammonia to urine. The crystals being slightly depressed and pointed at the base very frequently show the same. In human urine they are not for some time on the addition of water, finding time to assume the prismatic form. The more highly magnified drawings of one of the above of a cuneiform in the upper part of the figure show how this change in crystalline form occurs. $\times 450$ p. 354.

Uric acid crystals. These are formed on the addition of ammonia to urine. The crystals being slightly depressed and pointed at the base very frequently show the same. In human urine they are not for some time on the addition of water, finding time to assume the prismatic form. The more highly magnified drawings of one of the above of a cuneiform in the upper part of the figure show how this change in crystalline form occurs. $\times 450$ p. 354.

Fig. 119.



Phosphate of lime crystallized in the form of fan-like plates. $\times 216$. p. 328.

Fig. 120.



Two forms of phosphate of lime mentioned in Canada balsam. $\times 216$. p. 328.

Fig. 121.



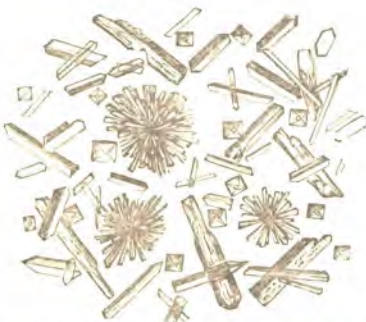
Crystals of triple phosphate and phosphate of lime. $\times 40$. p. 328.

Fig. 122.



Phosphate of lime. From urine. $\times 130$. p. 328.

Fig. 123.



Phosphate and oxalate of lime. From the urine of a young man enjoying good health, but taking little exercise. $\times 216$. p. 328.

Fig. 124.

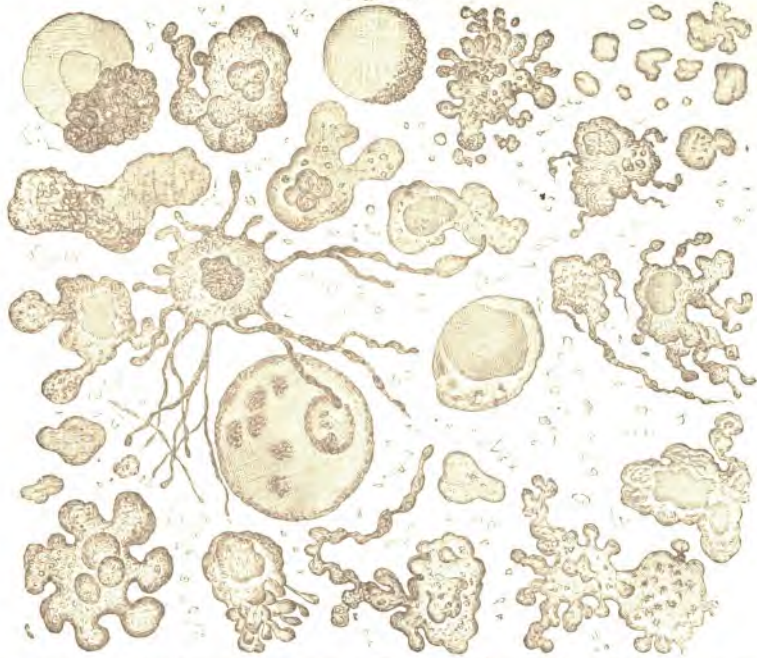


Deposit from the urine of a man suffering from gouty kidney, consisting of a peculiar form of phosphate of lime, with granular casts and mucus containing oil. $\times 216$. p. 328.

Scale of an inch  $\times 316$.

[Pl. XXII. 1880. 1881.]

Fig. 125.



These corpuscles exhibited very active movements. From the bladder of a patient suffering from chronic inflammation, showing alterations in form due to vital movements. X 1000. p. 394.

Fig. 126.



Pus corpuscles from urine. X 215. p. 394.

Fig. 127.



Pus corpuscles which have been acted upon by acetic acid. X 403. p. 394.



These corpuscles under the action of acetic acid. a, action commenced; b, complete. X 215. p. 394.

Fig. 128.



Formation of pus from germinal matter of epithelial cells. X 215. p. 394.

Fig. 129.



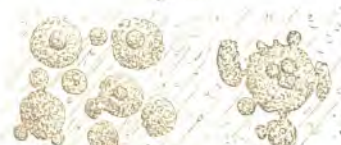
Corpuscles showing different changes. X 215. p. 394.

Fig. 130.



Multiplication of pus corpuscles by detachment of protoplasmic portions from each corpuscle. X 215. p. 394.

Fig. 131.



Growth and multiplication of pus corpuscles when in contact. X 215. p. 394.

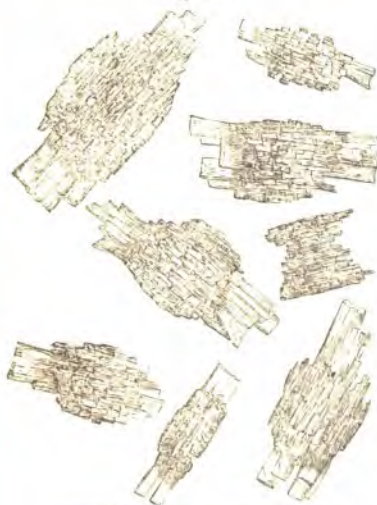
URINARY DEPOSITS

Fig. 131.



Groups of crystals of uric acid, often termed 'cayenne-pepper grains' with octahedra of oxalate of lime. $\times 215$.

Fig. 132.



Masses of small uric acid crystals. $\times 215$.

Fig. 133.



Beautiful aggregations of uric acid. $\times 215$.

Fig. 134. Crystals of uric acid. $\times 315$.

Fig. 136.



Large fiddle-shaped flattened crystals of uric acid
x 130.

Fig. 137.



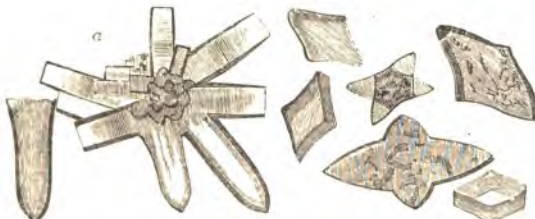
Uric acid from urine x 130

Fig. 138.



Curious forms of uric acid from urine x 210

Fig. 139.



Large lily-shaped crystals of uric acid a, 'cayenne-pepper' grain
x 210.

$\frac{1}{1000}$ of an inch [] 150.

[] x 210

Fig. 140.



Minute crystals of uric acid
x 215



Fig. 141.



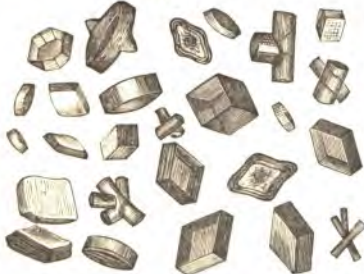
Curious lamellar crystals of uric acid, perfectly colourless.
Sent by Mr. Lawrence. x 215.

Fig. 143.



Crystals of uric acid from urine. x 130.

Fig. 146.



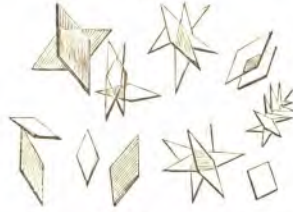
Common rhomboidal and cubical forms of uric acid from
urine. x 215.

Fig. 142.



Lozenge-shaped crystals of uric acid, precipitated by
the addition of acid to urine. x 215.

Fig. 144.



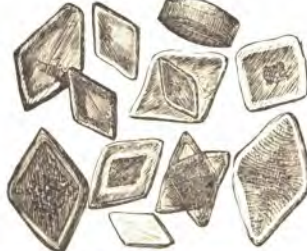
Lozenge-shaped crystals of uric acid obtained by
adding acid to urine. x 215.

Fig. 145.



Common forms of uric acid crystals.

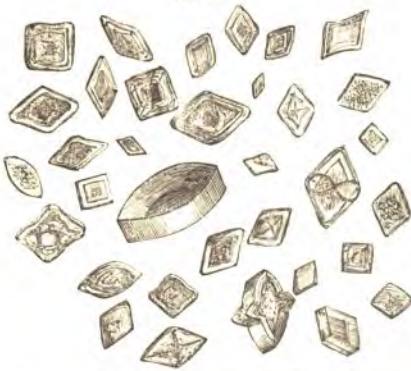
Fig. 147.



Large crystals of uric acid, deposited in urine after
standing. x 130.



Fig. 148.



Rhomboidal crystals of uric acid. Very common form.
x 215.

Fig. 149.



Curious forms of uric acid, deposited in the urine of a case of fatty degeneration of the kidneys. x 180.

Fig. 150.



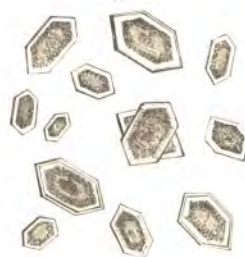
Large, very transparent glomeruli of uric acid, from urine. x 130.

Fig. 151.



Round, oval, and spindle-shaped masses of uric acid.
Lepidobolus. x 150.

Fig. 152.



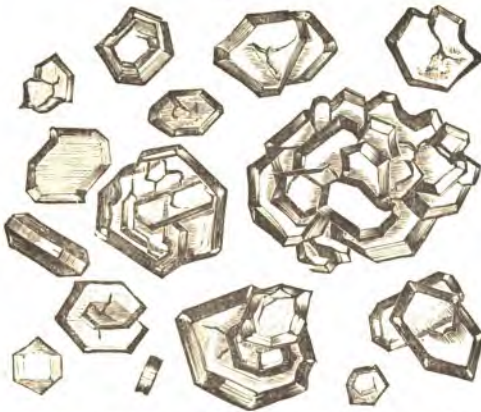
Hexagonal crystals of uric acid. This form occurs in urine very rarely. x 150.

$\frac{1}{1000}$ of an inch. x 100.

[[to follow PLATE XXVI.]



Fig. 153.



Perfectly colourless crystals of uric acid, resembling cystine. From the urine of an epileptic patient. Sent by Dr. Head. $\times 215$.

Fig. 154.



Small crystals of uric acid of a rhomboidal form; many of them resemble sections of small cylinders.

Fig. 155.



a. large spherules of urate of soda; b. film composed partly of urate of soda and partly of uric acid; c. uric acid. From the urine of a case of long continued bilious and remittent fever. Sent by Dr. Kennion. $\times 42$.

Fig. 156.



The spherules of urate of soda (Fig. 155) more highly magnified. $\times 215$.

Fig. 157.



Dumb-bell-like crystals of uric acid, obtained by adding hydrochloric acid to urine. Sent by T. W. Roper, Esq. $\times 42$.

1000 of an inch $\times 42$.

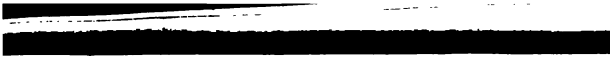
" " " $\times 315$.

Fig. 158.



Crystals of uric acid, partly disintegrated. From a specimen which had been preserved for many years in the naphtha and creosote fluid. $\times 215$.





URINARY DEPOSITS.

PLATE XXIX.

PLATE XXIX.



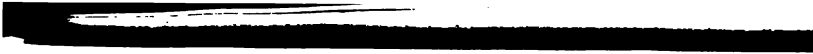


Fig. 161.

URINARY DEPOSITS

PLATE
.



URINARY DEPOSITS.

Fig. 169.

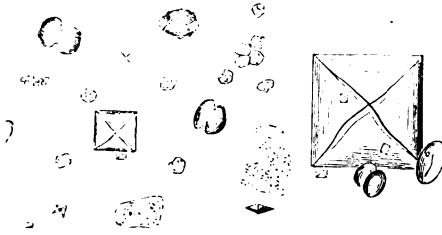
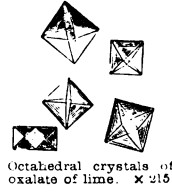


PLATE XXXI.

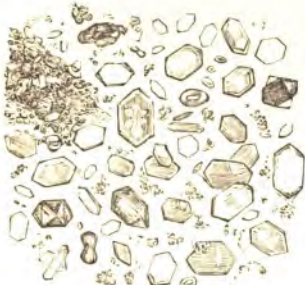
Fig. 170.



Octahedral crystals of
oxalate of lime. $\times 215$



Fig. 176.



Modified forms of oxalate of lime. From the urine of a man who was poisoned by oxalic acid. p. 382. $\times 215$.

Fig. 177.



Some of the crystals in Fig. 176 magnified 500. p. 38

Fig. 178.



Beautiful feathery crystals of phosphates of lime and magnesia, with collections of octahedra of oxalate of lime, the angles of which are rounded. p. 380. $\times 215$

Fig. 179.



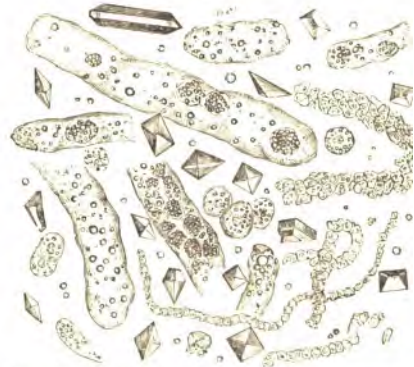
Small globules and octahedra of oxalate of lime.

Fig. 179*.



Beautiful crystals of triple phosphate exhibiting peculiar markings resulting from partial solution. $\times 215$.

Fig. 180.



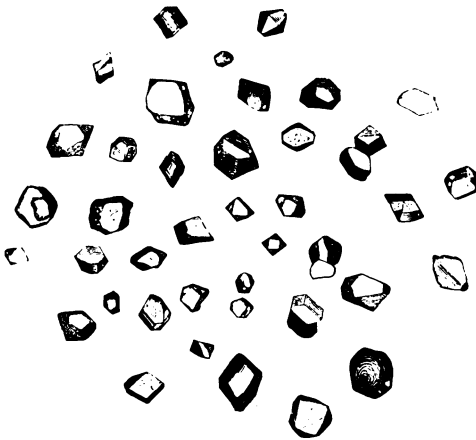
Crystals of triple phosphate; the psammatic portion which is defective, and casts containing oil from the urine of a patient suffering from chronic nephritis with fatty degeneration. p. 389.

Scale of an inch --- , $\times 215$.



URINARY DEPOSITS.

Fig. 181.



Microscopic view of triple phosphate or phosphate of lime and triple-phosphate. $\times 150$. Sent by Mr. Richardson, of Dublin.

Fig. 181*.



Tetrahedra and dumb-bells of oxalate of lime, and curious forms of funki found in the urine of a young man passing much oxalate of lime. $\times 215$.

Fig. 184.



Dumb-bells subjected to the prolonged action of acetic acid, showing the crystalline material nearly dissolved away. p. 377.

Fig. 182.



Collection of dumb-bells firmly adherent to each other. Such a mass might very easily become converted into a small calculus by deposition of material of a similar composition in the intervals. p. 379. $\times 215$.

Fig. 183.



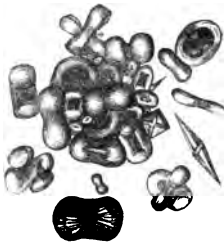
Minute crystals of oxalate of lime, with sporules of funki, resembling blood corpuscles. $\times 215$.

Fig. 185.



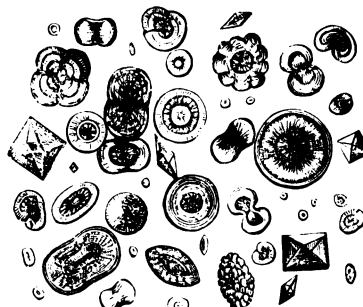
Perfect dumb-bell crystals from the urine of a child, two years old, suffering from jaundice. p. 379. $\times 215$.

Fig. 186.



Dumb-bell crystals of oxalate of lime aggregated together, and forming a minute calculus. p. 379. $\times 215$.

Fig. 187.

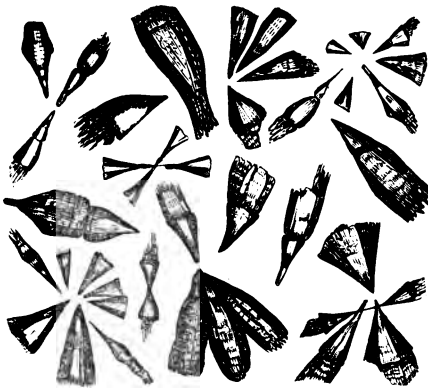


Spherical, oval, and dumb-bell crystals of oxalate of lime, with larger spherules, which may be regarded as microscopic calculi. $\times 215$.

Scale of an inch. $\times 5$.

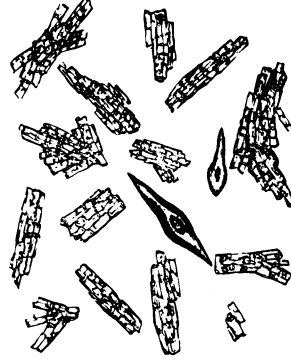


Fig. 164.



Quadrilateral pyramidal crystals of uric acid. Precipitated from urine by nitric acid. $\times 215$. p. 371.

Fig. 165.



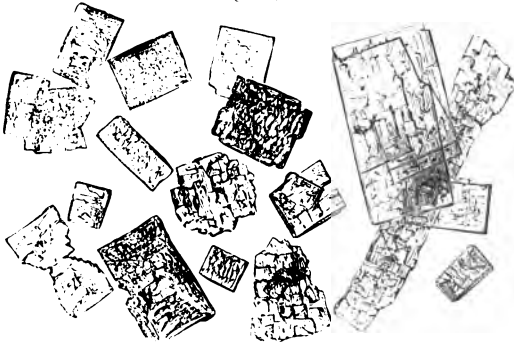
Uric acid from the urine of a case of fatty degeneration of the kidneys. $\times 45$.

Fig. 166.



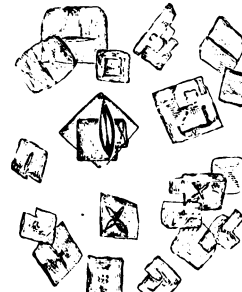
Less common forms of uric acid crystals. *a*, crystal like cayenne-pepper form. *b*, six-sided crystals. *c*, mass with small uric acid crystals projecting from it. *d*, small pyramidal crystals of uric acid, very uncommon. *e*, peculiar forms of uric acid.

Fig. 167.



Irregularly shaped, overlapping plates, consisting of uric acid. From urine. $\times 215$.

Fig. 168.



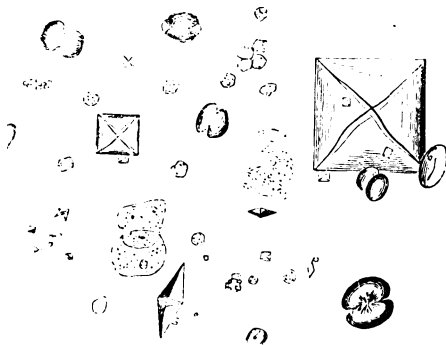
Two forms of uric acid. From a specimen of urine sent by Mr. Welch. $\times 45$.

1 mm. of ur. HCl. $\times 42$.

1 mm. of ur. HCl. $\times 215$.

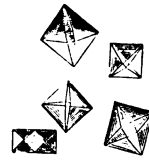


Fig. 169.



well and octahedral crystals of oxalate of lime. One very large octahedron is seen at the right hand side of the figure. $\times 215$ p. 373.

Fig. 170.



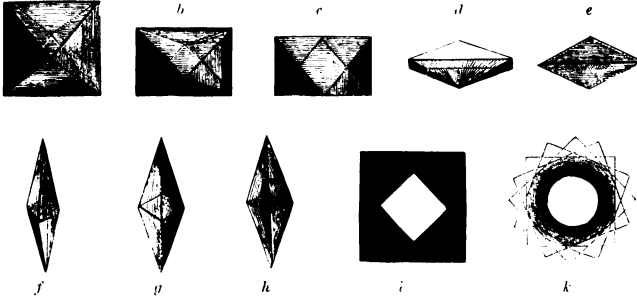
Octahedral crystals of oxalate of lime. $\times 215$

Fig. 171.



Curious prismatic crystal of oxalate of lime p. 375

Fig. 172.



c, d, e to illustrate the appearance of the same octahedron of oxalate of lime viewed in different positions. The crystal is supposed to be seen first lying upon one of its broad surfaces, and then gradually rotated from observer until one edge is opposite the eye. *f, g, h*, the same crystal seen sideways, one of the lateral angles *g* towards the eye. *i*, the appearance of an octahedron when mounted as a dry object. *k*, unusual form of compound crystal of oxalate of lime. p. 375.

Fig. 173.



Circular and oval forms. p. 377

Dumb bell crystals and allied forms of oxalate of lime. p. 377

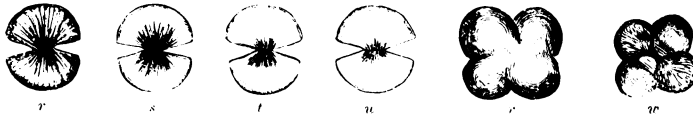
Fig. 174.



Dumb-bell crystals and allied forms of oxalate of lime.

Crystals approximating in form to the perfect dumb-bell.

Fig. 175.

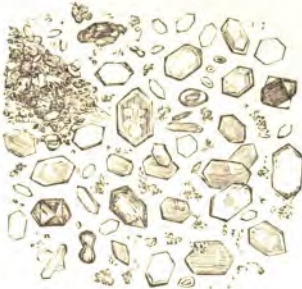


Perfect dumb-bell crystals of oxalate of lime which have been subjected to the prolonged action of weak acetic acid, by which much of the salt has been dissolved out from the organic matrix, which exhibits the appearance of a cell wall. p. 376.

Clusters consisting of two dumb-bell crystals, joined together.

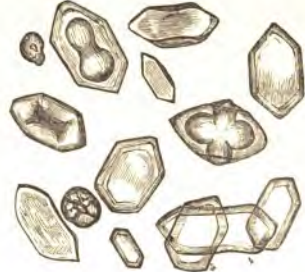


Fig. 176.



Modified forms of oxalate of lime. From the urine of a man who was poisoned by oxalic acid. p. 339. $\times 215$.

Fig. 177.



Some of the crystals in Fig. 176 magnified 500. p. 339.

Fig. 178.



Beautiful feathery crystals of phosphate of lime and magnesia, with collections of octahedra of oxalate of lime, the angles of which are rounded. p. 330. $\times 215$.

Fig. 179.



Small globules and octahedra of oxalate of lime.

Fig. 179*.



Beautiful crystals of triple phosphate, exhibiting peculiar markings resulting from partial solution. $\times 215$.

Fig. 180.



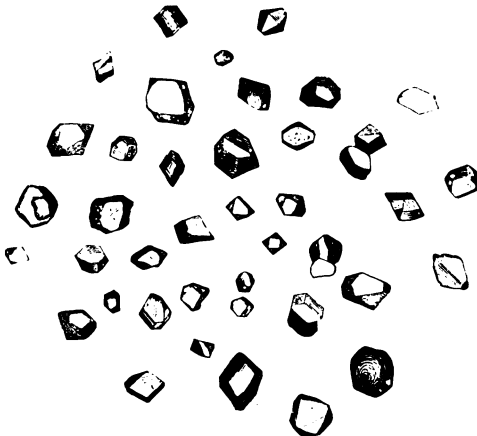
Crystals of triple phosphate: the prismatic portion of which is defective, and casts containing oil from the urine of a patient suffering from chronic nephritis, with partial fatty degeneration. p. 339.

$\frac{1}{1000}$ of an inch $\times 215$.



URINARY DEPOSITS.

Fig. 181.



Crystallized form of triple phosphate or phosphate of lime and triple phosphate. $\times 150$. Sent by Mr. Richardson, of Dublin.

Fig. 181*.



Octahedra and dumb-bells of oxalate of lime, and curious forms of fauch found in the urine of a young man passing much oxalate of lime. $\times 215$.

Fig. 184.



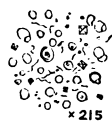
Dumb-bells subjected to the prolonged action of acetic acid, showing the crystalline material nearly dissolved away. p. 377.

Fig. 182.



Collection of dumb-bells firmly adherent to each other. Such a mass might very easily become converted into a small calculus by deposition of material of a similar composition in the intervals. p. 379. $\times 215$.

Fig. 183.



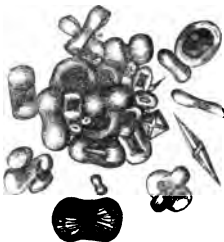
Minute crystals of oxalate of lime, with spicules of tung, resembling blood corpuscles. $\times 215$.

Fig. 185.



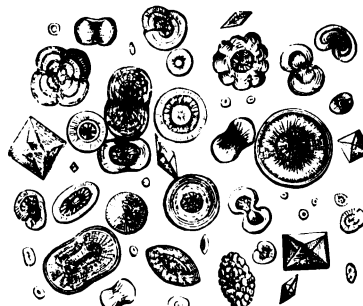
Perfect dumb-bell crystals from the urine of a child, two years old, suffering from jaundice. p. 379. $\times 215$.

Fig. 186.



Dumb-bell crystals of oxalate of lime aggregated together, and forming a minute calculus. p. 379. $\times 215$.

Fig. 187.



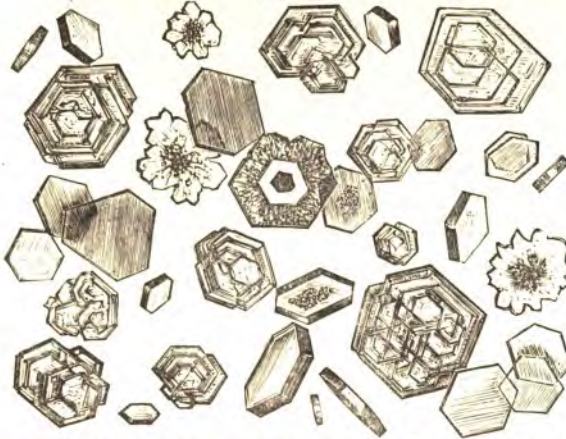
Spherical, oval, and dumb-bell crystals of oxalate of lime, with larger spherules, which may be regarded as microscopic calculi. $\times 215$.

Scale of an inch. $\times 215$.



URINARY DEPOSITS.

Fig. 188.



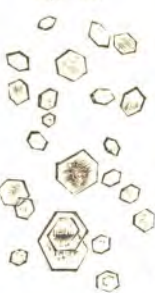
Crystals of cystine from the urine of an insane patient. Numerous crystals of uric acid were also present in the deposit. p. 381. x 215.

Fig. 190.



Clusters of crystals of cystine, formed by evaporating a solution of the crystals represented in Fig. 188 in ammonia. x 215.

Fig. 191.



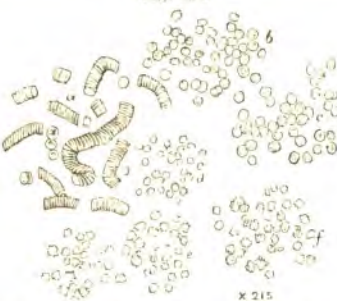
Six-sided crystals of cystine, formed from a solution of the crystals in ammonia.

Fig. 192.



Irregularly formed crystals of cystine, formed by allowing the ammoniacal solution (Figs. 190, 191) to evaporate in dryness. x 215.

Fig. 194.



Blood corpuscles, a, b, c, taken from the living body; d, e, f, from the urine. d, corpuscles smaller than natural, at e their circumference is serrate and ragged; and at f a somewhat similar appearance is shown. p. 388. x 215.

Fig. 197.



Tubercle corpuscles from a tubercle in the lung. p. 391. x 215.

Fig. 198.



Cells found in the urine of a case of renal dropsy. p. 392.

PLATE XXXIV.

Fig. 189.



Crystals of cystine. p. 381. x 215.

Fig. 193.



Crystals of carbonate of lime, seen by reflected light. p. 387.

Fig. 196.



Crystals of carbonate of lime, in Canada balsam, seen by transmitted light. p. 387.

Fig. 195.



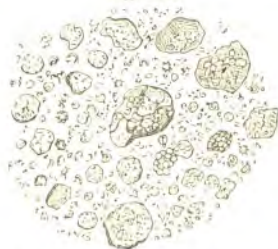
Large tube filled with granular matter; chronic bronchitis. p. 390.

Fig. 199.



Epithelium from the numerous tubes and pelvis of the kidney, with granules of colouring matter embedded in them. p. 390. x 215.

Fig. 201.



Altered blood from a case of intestinal ascites. p. 388.

Fig. 201.



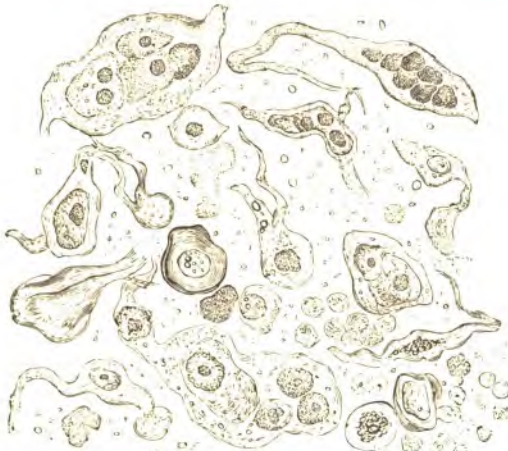
Rhomboidal and feathery crystals of haematoidin, from a softened clot. Human. p. 389. $\times 215$.

Fig. 202.



Feathery crystals of haematoidin found in the urine a fortnight after slight rupture (?) of one kidney. Human subject. p. 389. $\times 215$.

Fig. 203.



Cancer cells from the urine in a very bad case of cancer of the uterus. The deposit was very abundant. p. 394.

Fig. 204.



Cancer cells found in urine. From the bladder. p. 394.

Fig. 206.



Blood clots in the form of irregularly shaped cords from the vagina, found in urine. p. 390. $\times 215$.

Fig. 205.



Cells from the urine of a case of acute rheumatism. *a* in the natural state. *b*, treated with acetic acid. *c*, resembling pus. *d*, the same treated with acetic acid. The small circular bodies are blood corpuscles. p. 395.

$\frac{1}{1000}$ of an inch $\times 215$.

All these figures $\times 215$.

Fig. 1.



Layers of which the wall of an hydatid cyst is composed. p. 397. $\times 215$.

Fig. 2.



Echinococci from hydatid. Liver of ox. p. 395. $\times 40$.

Fig. 3.



Free hooklets from echinococcus. p. 399. $\times 215$.

Fig. 4.



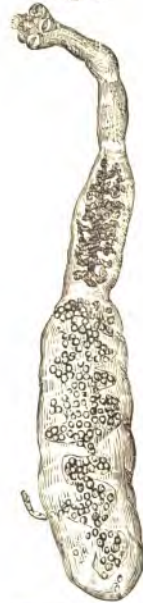
Free hooklets from echinococcus. p. 399. $\times 215$.

Fig. 5.



Hooklet of echinococcus. p. 399. $\times 100$.

Fig. 6.



Tania echinococcus. p. 398. $\times 15$.

Fig. 7.



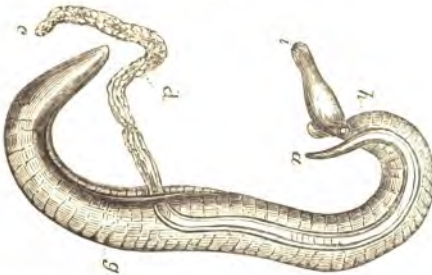
Diplosoma crenata; one-half the real size. After Dr. Farre. p. 399.

Fig. 8.



Ova of *Bilharzia haematobia* in urinary deposit. Drawn from a preparation of Dr. Harley's. p. 401. $\times 15$.

Fig. 11.



Bilharzia haematobia. a, c, d, the female lodged in the synsiphonous canal of the male, b, e, f, g. After Bilharz.

Fig. 9.



Ovum of *Bilharzia haematobia*, from a specimen of Dr. John Harley's. p. 401. $\times 215$.

Fig. 10.



Ova of *Bilharzia haematobia*, from urine. Drawn from Dr. Harley's preparations. p. 401. $\times 15$.

1. The first part of the document is a list of names and addresses of the members of the committee.

URINARY CALCULI.

PLATE

Fig. 1.



Large uric acid calculus, consisting of concentric layers of uric acid, deposited upon a smaller calculus composed of oxalate of lime. p. 407.

Fig. 2.



A beautiful example of oxalate of lime calculus, the surface of which is of a pale brown colour, and the tubercles small and delicate. p. 41.

Fig. 3.



Mulberry calculus which was of a rich plum colour. p. 411.

Fig. 4.



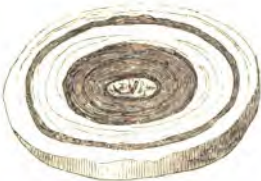
Small prostatic calculi. p. 413.

Fig. 5.



Large mulberry calculus, two-thirds the size. p. 411.

Fig. 6.



Phosphatic calculus. The composition of the central portion is different to that of the body of the nucleus. p. 413.

Fig. 7.



Blood calculus from one of the infundibula of the kidney. p. 409.

Fig. 9.



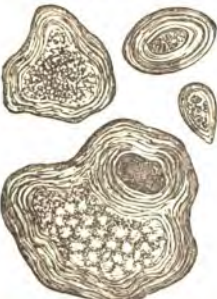
Phosphatic calculus. The nucleus being composed of a small uric acid calculus. p. 41.

Fig. 8.



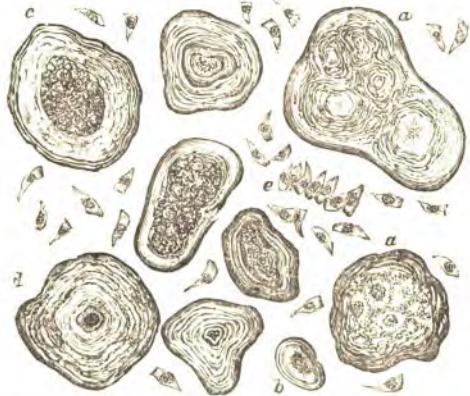
One large and two small black blood calculi, found in the pelvis of the kidney. p. 409.

Fig. 10.



Small phosphatic calculi from the kidney. The nuclei are composed of a soft granular material, probably consisting of disintegrated epithelium. p. 413. x 120.

Fig. 11.



Very small calculi from the follicles of the prostate gland of a man aged 40 who died of pneumonia of three weeks' duration. The structure of the bladder and prostate seemed perfectly healthy. *a*, calculi composed of number of smaller ones; *b*, very small calculus containing a single granula cell in the interior; *c*, calculi composed of a collection of cells around which the hard material has been deposited; *d*, calculus in which the nucleus seems to be crystalline; *e*, epithelium from the ducts of the prostate. p. 417. x 215.

1/1000 of an inch [] x 315.



URINARY CALCULI.

Fig. 12.



Small compound oxalate of lime calculus, found in the urine of a young man who was passing numerous dumb-bells of oxalate of lime and crystals of uric acid. Around the surface numerous large dumb-bells of oxalate of lime are seen partly incorporated with the mass. pp. 410, 430. x 215.

Fig. 13.



Compound oxalate of lime calculus, from the same case as that shown in Fig. 12. pp. 410, 430. x 130.

Fig. 14.



Urinary deposit, consisting of crystals of triple phosphate and numerous smooth and irregularly shaped microscopic oxalate of lime calculi. From a patient suffering from symptoms of renal calculus. Sent by Dr. Cotton, p. 430. x 215.

Fig. 15.



The same calculi as shown in Fig. 14, after being treated with acetic acid, dried and mounted in Canada balsam. The nuclei and concentric layers of each individual calculus have been rendered beautifully distinct. p. 430. x 215.

Scale of an inch = 1 x 215.



Fig. 16.



Calculus in which spontaneous fracture has occurred in the internal layers only, the separated portion appears to have become again cemented, and encrusted with a subsequent deposit. After Mr. Southam. p. 434.

Fig. 17.



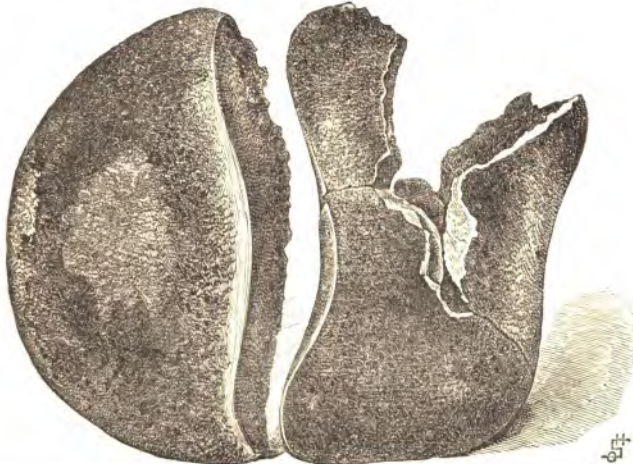
Basal portion of a calculus, removed by Mr. Southam, from a boy, aged 15. p. 434.

Fig. 18.



Larger fragment of the same stone, which was in the bladder. The separation was not of recent date. p. 434.

Fig. 19.



Large soft wedge shaped stone, having one rounded surface and two facets, removed by lithotomy, by Mr. Luke. After Mr. Southam. p. 434.

Fig. 20.



Another stone from the same patient, with corresponding facets to those upon the stone represented in Fig. 19.



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